6 JANUARY 2001

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

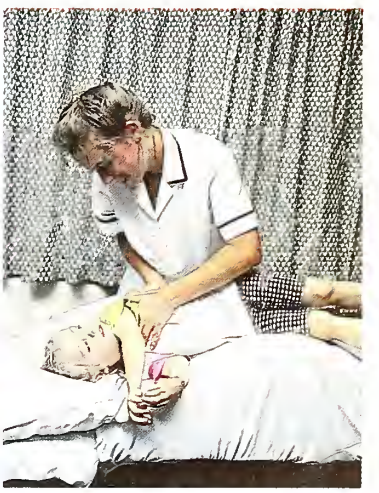
Health Bill: pilots, CPD and prescribing

EHC distribution starting sooner than expected

Alison Strath looks forward to new NHS

Kirit Patel completes PEST analyses

GlaxoSmithKline gets wary thumbs-up from the City



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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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REGULARS

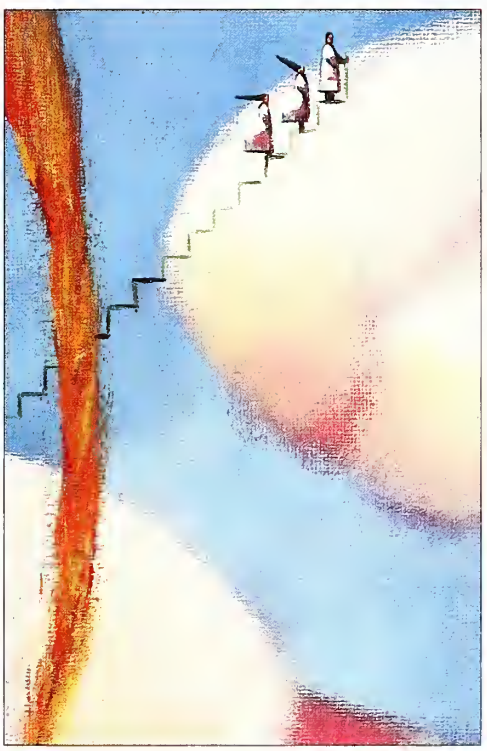
COMMENT

The Health and Social Care Bill, unveiled on December 20, makes interesting reading for pharmacists. As it is only the first version of a Bill which has yet to be debated and amended there will be an opportunity for some serious lobbying. Pharmacy, and the other professions, will want to make sure some parts go through, while hoping that other clauses are tempered. For example, the Bill, if enacted, will require any practitioner in the NHS, including locum pharmacists working in a community pharmacy, to be on a list maintained by the health authority. To be admitted to that list, and retained, practitioners will have to demonstrate their suitability for inclusion. Theoretically, that is good if you want to ensure quality of service. But what service? If proprietors cannot find appropriately listed locums, how will the pharmacy service they provide be affected? And is this a snub to the RPSGB's *raison d'être*?

Local pharmaceutical service pilot schemes will also be allowed. Locally agreed contracts for pharmacy services may be tendered for by individuals or businesses but need not necessarily be pharmacists or pharmacies. Healthy competition, perhaps? The Bill also seeks to develop 'remote dispensing' (eg by internet or mail order) with exemptions to the 'necessary or desirable' test. How healthy might that competition be?

It is good news that pharmacists are to be among the new prescribing professions. But what will be included in a pharmacist prescribing formulary will no doubt exercise many minds. How protectionist will doctors be over POMs?

How much of all this will come to pass depends on the loyalty of the Labour benches, the desirability of a general election and the fox hunting debate. At least the Lords reforms are over. But if there are things you really don't like, or do for that matter, then let your MP know. Now.



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Bill sets out Local Pharmaceutical Services

Patient safeguards built in to mental health treatment proposals

Compulsory treatment for dangerous mentally ill patients in the community is proposed in a radical reform of mental health legislation.

But the White Paper, 'Reforming the Mental Health Act', proposes safeguards to protect patients' rights where care and treatment is given without their consent. Treatments such as ECT will require either the consent of the patient or the agreement of a doctor from the Mental Health Tribunal, a new independent decision-making body. A Code of Practice will contain specific guidance on the use of certain treatments, such as polypharmacy and doses above levels recommended in the British National Formulary.

Safeguards for people treated without use of compulsory powers aim to ensure that care is given in an appropriate setting, without unnecessary coercion or deprivation of liberty, such as routine administration of sedatives in residential homes.

The Health and Social Care Bill containing a number of issues that will impact on NHS pharmacy practice was published on December 20.

Besides setting out the proposals for Local Pharmaceutical Services, the Bill, if enacted, will require health authorities to register all practitioners who will have to demonstrate the ability to practise. The Bill also deals with issues such as the control of entry regulations, changes to existing dispensing arrangements which will allow controlled internet and mail order dispensing, control of patient information, and the extension of prescribing rights.

The Bill, which has yet to be debated in Parliament, and could be amended or significantly cut if a general election is called in the spring, is in five parts.

Part II deals with pharmaceutical services in England and Wales and some aspects of such services in Scotland. It introduces new arrangements for the provision of locally agreed community pharmacy and related services on a pilot basis. It also allows for the provision of training and education for those involved in the provision of LPS pilots.

The Bill will allow NHS trusts or primary care trusts to provide any services to which a pilot scheme may apply. Unlike personal medical services and personal dental service schemes, LPS pilot schemes will not be restricted to particular classes of person. Hence individual pharmacists or dispensing appliance contractors will be able to participate, as well as retail pharmacy businesses.

There will be a restriction preventing people providing PMS or PDS from being involved in supply of pharmaceutical services. But the Government also wants pilot schemes to provide services such as diagnostic testing, therapeutic monitoring and health education.

In terms of changes to pharmaceutical services, the new legislation would allow someone from outside the area to supply pharmaceutical services. This clause has been introduced to allow some control over the development of internet, mail order, home delivery and other arrangements that may involve dispensing across HA boundaries. It is also intended that it will provide patients with greater flexibility in the way they can present their prescriptions and obtain drugs or appliances.

In terms of who may practise within the NHS, health authorities will be required to keep lists of all practitioners, including pharmacists and locums, within their area. Only those practitioners included in the lists will be able to provide family health services. "The criteria to be admitted to (and to remain on) the list will include probity and positive evidence of good professional behaviour and practice," says the Government. "This will be done through a system of declarations, annual appraisal and participation in clinical audit."

To run such a system, HAs will be given powers to suspend or remove any practitioner from the list. The Government wants to create this power to allow HAs to take "fast and effective" action and it will allow the removal of practitioners on such grounds as "inefficiency, fraud or unsuitability" or for medical reasons.

Part V of the Bill deals with the control of patient information, however recorded, and extension of prescribing rights. If enacted, the Secretary of State would be able to require or allow patient information to be shared between organisations for medical purposes, providing it will improve patient care or is in the public interest. At the same time it will also prevent patient information being shared where inappropriate.

New prescribers

The Bill will amend the Medicines Act of 1968 to allow new categories of prescribers. These will include pharmacists, people registered under the Professions Supplementary to Medicine Act 1960, dental auxiliaries, ophthalmic opticians, osteopaths, and chiropractors. However, such practitioners will only be able to issue a prescription for a medicinal product falling within a specified description or class.

And while recognising that increasing the number of people able to prescribe Prescription Only Medicines could lead to an increase in prescribing, the Government says: "We expect their prescribing activity to largely substitute for the prescribing by other professionals, and should reduce the need for patients to attend multiple consultation." Initial costs for training and an advisory committee are expected to be £5.5 million spread over three years.

An area which has received adverse publicity is the abolition of community health councils. The Bill sets out a replacement whereby each trust in England will be required to have a patients' forum.

The forums' functions will include monitoring and reviewing the services for which the trust is responsible and representing the patients' views to the trust.

In addition, patients' forum representatives will be allowed to inspect premises for aspects such as ease of access, provision of information, and the quality of facilities. Patients' forums would not have access to confidential information such as patient records.

In line with doctors, dentists and opticians, pharmacists will also be required to declare gifts or other benefits that they may receive in connection with the provision of NHS services.

The Bill can be accessed via the internet at *http://www.parliament.the-stationery-office.co.uk/pa/pabills*

Successful NICPPET Return to Practice programme wins second award

The Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training has won its second successive Regional National Training Award.

The award has been made for the 'Return to Practice programme' with support from the Department of Health, Social Services and Public Safety. The programme involves pharmacists attending six workshops updating them on professional and clinical matters, as well as completing a self study course equivalent to ten hours of training during the 12-week training period.

Participants spend six days working in the community or hospital with a mentor. They are also encouraged to complete an additional two courses in the following six month period.

This year's scheme was deemed a success in part because all 12 pharmacists participating on the course subsequently returned to professional practice.

Pictured at the awards ceremony in Belfast City Hall is NICPPET education facilitator Dr Heather Bell receiving the award from Bill McGennis, chairman of the Training and Employment Agency. Chief pharmacist Dr Norman Morrow was also in attendance

CPP seeks governor nominations

The College of Pharmacy Practice is seeking nominations for three governors and one associate representative in the forthcoming College elections.

The three governors coming to the end of their current term are Graham Calder, Bryan Veitch and Mary Wood. All are eligible for re-election but Professor Calder has indicated that he does not wish to stand again.

The retiring associate representative is Stephen Eastman who is eligible for re-election.

Nominations for governors may be made only by College members, and nominations for associate representatives only by associate representatives. All nominations must be seconded and have the written consent of the nominee.

Nominations should be received at the College by noon on February 5, 2001. Voting papers will be sent out at the end of February to be returned by April 4. The results will be announced on May 3.

Further information from Teresa Holloway on 024 7669 2400 or info@collpharm.org.uk

NRT patches OTC?

The Medicines Control Agency is proposing to allow patches for nicotine replacement therapy to be sold as General Sales List medicines before the summer.

In a consultation letter, MLX 269 issued on December 21, it says that nicotine patches which release a maximum daily dose of 21mg should be sold GSL. It is also proposing to switch nicotine lozenges up to a maximum strength to GSL, as well as nicotine gum 4mg.

Comments should be sent to arrive by February 7 to: Dugan Cummings, Room 619, MCA, Department of Health, Market Towers, 1 Nine Elms Lane, London SW8 5NQ.

The letter points out: "As nicotine patches do not provide the satisfaction obtained from smoking, there has not been a problem of misuse."

Patches are on general sale in the USA, New Zealand and Australia. Experience with 2mg nicotine gum as a GSL product has not revealed any harmful effects or dependency problems.

Patient e-records increase in hospital

About a tenth of acute hospital trusts in England should be using electronic patient records by the end of the financial year, the Department of Health has announced.

At the end of September, 11 acute trusts had EPR level 3 systems in place. A further ten are expected to reach this level by next April.

Patients warned to follow GP and pharmacist advice on antibiotics

The Scottish Health Minister, Susan Deacon, has appealed to the public for help in tackling antibiotic resistance.

A press release from the Scottish Executive quotes a community pharmacist, Alison Strath, alongside doctors' leaders as welcoming the campaign to raise awareness of resistance problems. As chair of the Royal Pharmaceutical Society in Scotland, she says, "Pharmacists working in both hospitals and the community play a valuable role in helping their medical colleagues develop strategies to avoid the emergence of antibiotic resistance. These strategies include the development and ongoing review of antibiotic formularies, prescription monitoring and review, and patient and public education."

Deputy chief medical officer Andrew Fraser warns patients to follow the advice of their GP or community pharmacist on whether antibiotics are appropriate. "If they are not, advice is available on alternative treatments, for example, OTC remedies for colds, flu or sore throats."

This year the Scottish Executive is to launch a revised strategy to deal with antibiotic resistance, as part of the national health plan. This will include steps to strengthen and monitor infection control in hospitals, strict guidelines to dentists about use of antibiotics in dentistry, and plans to stop misuse of antibiotics in animals.

Pictured at the launch of the Pro-Change Smoking Cessation Programme in the Boots Store in Cardiff are, left to right, Catherine Wetherup, tobacco control adviser, National Assembly for Wales; Mark Donovan, pharmacy manager, Boots; Dr Brian Gibbons AM, Deputy Health Minister, National Assembly for Wales; Peter Jones, South Wales regional manager, Boots; Ann Gough, Pro-Change product manager; Marc Phillips, chief executive, Tenovus Cancer Charity; Peter Gibson, public affairs director, Boots

New EHC packs on their way

Supplies of Levonelle in Pharmacy packs are now being delivered to wholesalers. But Schering Health Care is delaying the official launch until the end of the month, to make sure distribution is complete before promotion starts.

Just before Christmas, the National Pharmaceutical Association issued a press release reminding women that they would not be able to buy EHC in pharmacies on January 1.

The release, sent to the national press and over 1,200 regional media, explained that while legislation would allow sale on that day, no product would be available until the end of the month.

Colette McCreedy, head of practice, said it had been necessary to clarify the situation as some media incorrectly stated that EHC would be on sale on New Year's Day.

The NPA was kept busy throughout the Christmas Bank Holiday dealing with media interviews, including regional BBC radio in Newcastle, Leeds, Guildford, Lancashire, Cambridge and Sheffield, and the *Sunday Mirror*.

Some multiples will not supply Levonelle until all their pharmacists have undergone additional training. United Norwest Co-op will not allow sales in its 125 Midlands and North West branches until all pharmacists have completed training, which is expected to be in February.

Superintendent pharmacist John Nuttall says: "Our pharmacists are already familiar with the product because it has been available on prescription for many years and they have the skills to counsel patients in a sensitive and informative manner. However, by taking this firm stance, we hope to ensure that the public will continue to have total confidence in the service we provide."

The training will familiarise pharmacists with the Royal Pharmaceutical Society's guidelines and enable them to determine when further referral to a GP is warranted.

Other multiples did not expect supplies before the end of January. Lloydspharmacy is running courses for its own pharmacists "to refresh people's minds", a spokeswoman said. She thought all pharmacists would have been trained before the product went on sale.

Tesco was expecting to stock Levonelle from early February and was to carry out its own pharmacist training from mid-January. The company intends to keep to the original timetable and not sell the product until all pharmacists have completed this extra training.

Boots the Chemists sent comprehensive briefing notes and the Society's guidelines on EHC to its pharmacists before Christmas and is encouraging staff to take up other training opportunities, such as CPPE, wherever possible. A spokeswoman said the package gave a strong grounding and should enable pharmacists to sell the product appropriately.

The NPA is not advising independents to undergo additional training before selling Levonelle. "We consider that pharmacists are already adequately trained," said press spokeswoman Veronica Wray, but they would need to understand the sensitivities and legal responsibilities involved. Pharmacists already had the Society's guidelines and further advice was available from the NPA.

The Pharmacy Healthcare Scheme has been working with the Family Planning Association to produce consumer leaflets on EHC. Supplies should be with pharmacies by the end of January, together with posters saying "emergency contraception is available here".

Schering Health Care could give no details about the order of supply but said multiples and independents would be treated equally.

Hospital pharmacists could offer 'out of hours' services

It may be appropriate for hospital pharmacists to provide out of hours services in some areas, says the Guild of Healthcare Pharmacists in its response to the NHS Plan for pharmacy.

The new services would require negotiation with community pharmacy colleagues, as well as an amendment to the ministerial direction that prohibits NHS Trusts from providing community pharmacy services.

But elsewhere the response draws attention to serious staff shortages and the need for rapid recruitment to the hospital service, with the means to retain a suitably skilled and motivated workforce."The Guild will play a part in this but it also requires an appropriate response from government in terms of increased salaries and improved terms and conditions," it says.

Guild members working as pharmaceutical advisers to health authorities and trusts are in a key position to work with community colleagues in improving access to medicines, the response continues. Many of these advisers are already involved in emergency contraception services, smoking cessation programmes and services to drug misusers.

● A new framework to promote the best clinical and cost effective use of medicines is to be piloted in hospitals. On Tuesday, Health Minister Lord Hunt said he was impressed by the All-Party Pharmacy Group's report on the work of St Thomas' Hospital pharmacy (*C&D* December 2, p6). The framework will act as a self-assessment tool for hospitals and will cover areas such as prescribing and medicines management, formularies, expenditure, and links with primary care.

PSNI raises concerns over Statutory hearing costs

Concerns over the costs of Statutory Committee hearings have been raised by the Pharmaceutical Society of Northern Ireland Council.

At its meeting on November 16, Joe Gault reported that the estimated legal costs of the recent hearing were in the region of £50,000.

PSNI president James McElnay pointed out there was concern about the creation of an enormous financial burden on the Society and suggested several approaches that could be taken.

Mr Holliday supported this, saying that he was concerned that a series of these cases could bankrupt the Society. He suggested that it might be a pertinent item to discuss with the Minister.

Minister of Health. The Society is to meet with the Minister on January 31. A small delegation, possibly made up of the Society's officers or president, vice-president and committee chairs, is expected to attend.

Needle Exchange Joe Gault, needle exchange co-ordinator, DHSS&PS, has asked the Society to set standards for protocols for needle exchange schemes as a matter of urgency. Council agreed that it was the Society's role to set standards, but it was not clear which committee would be appropriate to deal with this task.

Asked if he expected this scheme to be obligatory, Mr Gault replied that the scheme would be contracted out but not to every pharmacy. Mr Holliday expressed concern over feelings of vulnerability people involved in an obligatory service may have.

Mr Gault said the proposed timetable was that the pilot would be in place at the end of March with six pharmacies participating by the end of June 2001. It was agreed to refer the protocols to the Practice Committee and the standards to Ethics & Law.

The Ronnie McMullan Trust Fund A bank account, in the name of the Ronnie McMullan Trust Fund, had been opened with the Ulster Bank. Letters were to be sent to the membership (*C&D* December 9, 2000, p4).

Co-option to Council Muriel Singleton FPS has been co-opted onto Council.

Statutory Committee Dr Terry Maguire has accepted a seat on the Committee, with the support of all Council members.

Vacancy on Council There was still concern and misunderstanding amongst Council members regarding the vacancy on Council allocated to a Queen's University, Belfast, representative. Although Professor McElnay was employed by QUB he did not occupy either of the two QUB seats. Miss Bowen pointed out that it had been agreed at the last Council meeting that a representative from the Legal Department, QUB should be requested. However, this view was questioned. Mr Anderson proposed that the filling of the vacancy by a person with a legal background, should be pursued. If unsuccessful, the matter would be brought back to Council

Fifty Year Certificate Pharmacists who have been on the Register fifty years or more are to be presented with commemorative certificates. These will be presented at the President's Dinner in April.

Pre-Registration Facilitators post This is to be discussed at a joint meeting with the Directors of Pharmaceutical Services and the Chief Pharmacist, Department of Health, Social Services & Public Safety.

Comprehensive Review of Pharmacist Workforce The chief pharmacist is intending to put the work out to tender and has asked PSNI for views on the content and scope of the specification. He is considering setting up a steering group to oversee the work.

Risk management Mrs Graham raised an issue from the October meeting. Recommendation 8 within item 5 on 'Risk management - methotrexate toxicity' had stated that "the CPD of locums needs to be part of the employment policy of the pharmacy and general practice with individual review as an integral part of the policy". She felt strongly that locum pharmacists were disadvantaged when they participated in CPD as more often than not it resulted in a loss of pay. She also felt that CPD could not be mandatory when one section of the profession was not being treated equally

The Committee had debated the need for a Council statement on issues emanating from the 'peppermint water' case in Runcorn. Rather than a statement, several recommendations could be made to the membership in a newsletter.

As the methotrexate toxicity case had resulted in a number of recommendations involving cross professional communications, Mr Maltby had drafted a letter to the Royal College of General Practitioners asking for a joint meeting as a first step in addressing such issues.

Clinical Governance Policy The Society is to develop a clinical governance policy.

Resale Price Maintenance Miss Bowen proposed that there should be an amendment available to advise the membership of a change in the code of ethics should the resale price maintenance case not be successful.

The committee made the following recommendations to Council:

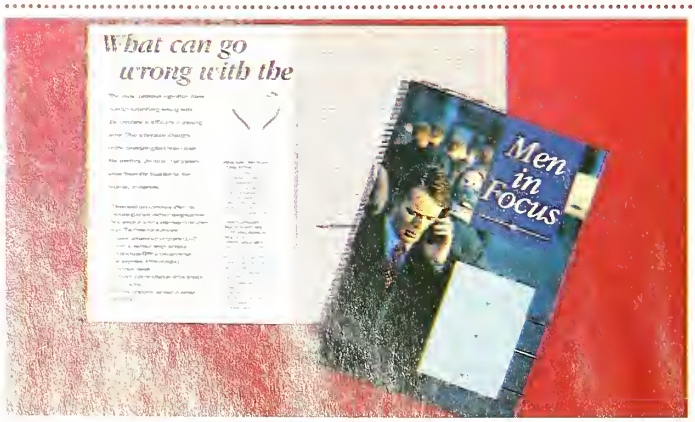
"Some of the Current restrictions on promotional activity will be removed from the Code of Ethics. This will include the current provisions in guidance under obligation 1.14 providing that pharmacists should not engage in promotional methods such as competitions, gifts, money off and temporary price promotions."

British Pharmaceutical Conference The Royal Pharmaceutical Society has approached PSNI with a view to holding a BPC in Belfast, possibly in the Waterfront Hall.

Professor McElnay suggested that the recent changes within the organisation and presentation of the BPC did not necessarily mean a large amount of involvement and work from those based locally. However, Mrs Maltby was concerned that it still would involve work for the local members despite the involvement of conference organisers.

Mr Gault said that the BMA had held a very successful conference this year which had been fully supported, it was also an opportunity to "showcase" ourselves. He proposed that PSNI should accept the RPSGB's invitation to host the Conference.

Honorary membership Professor Duncan Thorburn Burns is to be awarded honorary membership of PSNI "in recognition of his outstanding contribution to the workings of Council and its committees, as well as the way in which he has upheld the honour and dignity of the profession".



A revised patient booklet dealing with the male genito-urinary system has been issued by Better Prostate Health with an educational grant from Merck Sharp & Dohme Ltd. The 12-page booklet includes details on benign prostatic hyperplasia and prostate specific antigen. Contact Better Prostate Health, PO Box 166, Hertford Rd, Hoddesdon EN11

NI NOTEBOOK

Patient information

With information technology key to the development of the NHS, it will be interesting to see what community pharmacy gets. Currently I support, at a high monthly charge, the cost of maintaining a computerised patient medication record system in my pharmacy. I own the equipment and without the generous support of my wholesaler I would have had to pay for it all.

According to health policy across the water (N. Ireland health policy is difficult to read at the minute) we will have electronic prescribing in a few years. The next step is repeat dispensing, controlled by pharmacy, and then the development of medicine management programmes. This will only happen where community pharmacists are fully integrated within the NHS computer network. A major pilot is being set up and many companies are putting their names forward. There are rich pickings for the company that controls this system.

"Beyond the systems must be the right of pharmacists to patient information"

Where pharmacy is going in all this is not too clear. Other issues, such as selling of information and reducing prescription fraud, are driving the process. Without a strong voice through our representative organisations, we risk having IT systems imposed on us which may not serve our long term interests.

Beyond the systems, but implicitly linked to them, must be the right of pharmacists to patient information. Without it we will not be able to contribute towards improving patient care. Not knowing the diagnosis presents a major hurdle to pharmaceutical care. For example, the patient on atenolol might be suffering from angina or hypertension or both. The patient taking bendrofluazide 5mg may be suffering from hypertension or congestive heart failure.

Pharmacists working in GP surgeries and clinical pharmacists working on hospital wards have always had access to this information. Why not community pharmacists?

GPs appear defiant in their opposition to any such move. They hide behind claims of patient confidentiality, when clearly their motive is self-interest. They know that this information is power, and they don't want to lose it.

Written by a practising Northern Ireland community pharmacist.

Xrayser

Topical Reflections

Welcome to a New Year and (to some) the new millennium

I left the old year with mixed feelings of optimism and trepidation because, despite all the raised hopes from the 'Pharmacy in the Future' document, I am still nervous of throwing away the security of old habits without better assurance that the new will provide a more secure future.

Now I am not talking about the shop environment, but about my relationship with the NHS. When I first started in community practice I enjoyed a comfortable 50:50 spilt between NHS and private turnover but since then the NHS has increased to such an extent that it now dominates by 80:20. But I am still tied to the old private contractor system with full exposure to market forces and no guarantee that the NHS income necessary to sustain my overheads will be forthcoming from the new initiatives.

This uncertainty makes me nervous, so while I look forward with enthusiasm to a more responsible, professional role I also feel under threat. Electronic prescribing and repeat prescriptions through pharmacies could be a charter for collusion and direction; walk in centres could undermine my existing service and Local Pharmaceutical Service contracts could bypass my ambitions for involvement in medication management.

My irrevocable integration into the NHS system will now accelerate with breath taking speed but, if I am to enthusiastically reciprocate, then I must be given an assurance of financial stability. Anything less would be poor reward, not just for me but for all community pharmacists.

New name – old problem

I am not sure how the marketing agreements between Norton and GlaxoWellcome were negotiated but, just before Christmas, I was told that 'Becotide Easibreathe' and 'Ventolin Easibreathe' would be reverting to the Norton stable and changing names back to the original 'Beclazone' and 'Salamol'.

All very annoying, as I envisaged having to repeat all the previous work convincing patients that it is only a change of name but now with the added bonus of far more patients and their greater awareness of the 'Becotide' and 'Ventolin' brands. But worse was to come because, as the name once again changed, came the dreaded tale from the wholesaler of 'sorry manufacturer cannot supply'.

I have now had no supplies of 'Easibreathe' inhalers for three weeks. The commercial agreements that exist between Glaxo Wellcome and Norton may be theirs alone but they also have a wider responsibility to their customers and mine.

I have ordered more 'Easibreathes' on back order but I have had no delivery date, explanation for the problem or even an apology to pass on to my patients. Meanwhile existing patients have had to revert to an ordinary inhaler or use the alternative 'Autohaler' technology. At least 3M have not complained!

No relaxation of protocols with Levonelle-2

Most medicines are marketed to a price formula that only Superdrug, Asda and the OFT find unacceptable but with the imminent launch of Levonelle-2 at £19.99 (why not £20 to reflect a true professional product) my £10 profit fee has been questioned in the media amid accusations of profiteering (*C&D* 30 December p6).

Now profiteering is a dirty word and John D'Arcy, NPA director, has strongly defended the fee structure as being necessary to reflect the depth of professional input required by each sale.

He is correct and the public deserves this level of pharmaceutical involvement. But Levonelle-2 must not be allowed to become our Trojan horse.

Sales protocols for medicines are notoriously difficult to police, as evidenced by the succession of media covert investigations claiming to have found weaknesses in the system.

But Levonelle-2 is not a medicine where any relaxation of protocols can be allowed.

All community pharmacists must conscientiously apply the recommendations to avoid the possibility of covert investigations exposing pharmaceutical control as a sham (even if only in a few isolated cases).

If this were to happen, it will not just be accusations of profiteering that will re-emerge but the strong possibility of a public airing of the case for total de-regulation and the abolition of 'P' medicines.

Restoration after police caution

A London pharmacist who was struck off after receiving a police caution for fraud has been restored to the Register

Rosila Dave, of Hatch End, had been struck off in June 1998. On December 12, although describing the application for restoration as generally premature, the Statutory Committee decided to reinstate Ms Dave, saying that she was not a danger to the public.

Geoffrey Hudson, for the Society, said the case related to the supply and claims for medicines for a 'vulnerable patient'. The doctor had prescribed two tablets every other day, but a claim for 15 had been made on each occasion.

Fax order leads to reprimand

A pharmacist was found guilty of misconduct such as to render him unfit to be on the register but was issued with a reprimand by the Royal Pharmaceutical Society's Statutory Committee.

Mohammed Abdulla Jeraj Jiwa of Jackson's Chemist, St Austell, Cornwall, had dispensed 100ml of a morphine sulphate solution and ten temazepam tablets against a faxed order received from the local Hospice. The committee heard that the order was received by Jackson's from the hospice on January 19, 1999, for a patient identified only as "NG". The label on the bottle of the controlled drug which was supplied did not have the dosage on it, contrary to the Medicines Act 1968, the Committee heard.

The patient, an elderly lady, died after she was given ten times the dosage of morphine previously prescribed by a doctor. However, the fatal dose was given after the woman was moved to a nursing home some months later.

Geoffrey Hudson, for the Society, told the Committee a system had been operating for about 20 years involving the supply of prescription only drugs to the hospice by Jackson's Chemist.

Nursing staff had faxed to the pharmacy a copy of an order seeking a prescription. Some faxes, it was alleged, were not prescriptions and did not comply with the requirements of the Prescriptions Only medicines (Human Use) Order 1997.

Mr Hudson said it was "not usual" for doses to be written up in the order book. A prescription would usually be completed by the doctors who visited the hospice and on some occasions, it was claimed, the prescription-only medicine would be dispensed and supplied before the pharmacy received an authorising prescription.

Mr Hudson said the strength of the morphine was "surprisingly high" and required a lower dosage than normal although none was shown in the order book - the committee heard the Misuse of Drugs regulations 1985 requires a prescription ordering controlled drugs to stipulate a dosage.

A pre-registration trainee, who had previously questioned Mr Jiwa about the legality of the system and was told it was for the hospice only and had been in place a long time, dispensed the medicine.

Later that day, a prescription was received by the pharmacy which set out the dosage to be given. Mr Hudson said the label on the bottle was not amended or replaced to show the low dosage of 0.5 to one ml at night.

Patient NG was subsequently transferred to a nursing home and the morphine solution was taken with her. On or around April 12, 1999 she was given 10ml of the morphine sulphate solution by a nurse.

Mr Jiwa said it was difficult to put a prescribed dosage down for a terminally ill patient who is being released to go home as the required dosage changes considerably. He added: "It would certainly cause delay and inconvenience".

The pharmacist told the Committee "the old system" - which has now been replaced - was intended to reduce delay in getting the drugs to the hospice.

Caryl Webb, the superintendent pharmacist of Moss which owned Jackson's, was also alleged to be guilty of misconduct rendering her unfit to remain on the register. The company also faced an allegation of misconduct.

Questioned by Philip Drinkwater, for the two pharmacists and the company, Mr Jiwa claimed at the inquest into NG's death that the nurse who administered the fatal dose said she had misread the dosage chart.

The Committee heard Mr Jiwa was not involved in setting up the system and he was not the pharmacist in charge then.

Mrs Webb said: "I was not aware that the system applied to controlled drugs." She added: "St Austell was the first pharmacy we acquired which serviced a hospice."

The Committee heard that a superintendent pharmacist checklist sent to Moss area managers twice a year had now highlighted the practice of only dispensing controlled drugs against a valid prescription. Bulletins dealing with the issues had been put out.

In January this year the East Cornwall Coroner, Dr David Bruce, recorded a misadventure verdict on the 90-year-old woman patient NG. A registered nurse, who has since retired, administered the morphine after misinterpreting the drug card and the bottle label.

Alastair Adams, chief executive of the hospice, said the drug ordering system had been in place for a considerable period of time but the procedure had now changed.

Committee chairman Lord Fraser of Carmyllie QC said they approved of the company and Mrs Webb taking "immediate action to remedy the situation" when the system was revealed, and had decided to take no further action against them.

The Committee found the system was illegal. They believed this was probably for two or three years rather than the 20 alleged by the Society - they had heard evidence that previously Mr Jiwa delivered the drugs to the hospice in St Austell and had been handed a properly written prescription which he had the opportunity to check against what had been supplied.

When a driver, who was unqualified as a pharmacist, began to deliver the drugs on some occasions, this was a stage which, in the Committee's view, was "not permitted by law".

"We are satisfied he all along acted with the best of motives," said the chairman.

The Committee found no link with patient NG's death. Lord Fraser said: "We do not see any cause or connection between what has been complained of today and the death of this unfortunate lady."

The Committee heard that the Devon and Cornwall Police regularly check the drugs register at Jackson's Chemist and had found no problems, as well as Mr Jiwa being helpful to them.

Locum should have been before Committee

A locum pharmacist was in and out of his shop "like a yo-yo", going to the car park to make mobile telephone calls, while business continued in his absence. Inspectors from the Royal Pharmaceutical Society carried out test purchases after seeing the pharmacist leave the premises and go to the car park where he made the calls.

However, it was pharmacy owner Satpal Singh Kalsi of Milton Keynes, who was appearing before the Society's Statutory Committee on December 12, accused of failing to have adequate procedures in place.

He was said to have taken insufficient steps to ensure the sales of restricted medicines by his staff were not made in the absence of a pharmacist.

Mr Kalsi's wife who is not a pharmacist, had been on the premises. The locum, Sanjay Chopra, said he went out to get some "fresh air", something to eat and make "private" phone calls about building work he was having done.

In June, 1999, Society inspectors carried out observations at the newly-opened Bedford Road premises. The pharmacist "left the premises and made for the car park. Two customers entered, Mr Chopra returned. The two customers left and so did Mr Chopra. While he was still out an inspector entered and spoke to Mrs Kalsi and [illegible] Claritryn. She asked to speak to the pharmacist. Mrs Kalsi left and got [illegible] who was speaking on a [illegible] phone. After the inspector [illegible] also left".

[illegible] day during further [illegible] was seen to leave "in [illegible] car park" and customers entered. Observations continued and Mr Chopra left again for a mobile telephone call.

In an interview Mr Chopra was reported to have said that his car was "just around the corner" and to "just call me". He said he was only 20 yards away in his car on occasions and was "extremely distressed and disturbed" by what has happened. He claimed he told staff and Mrs Kalsi not to sell medicines without his presence and had mostly informed them when he was going out, or even to the toilet.

Mr Kalsi, who ran the other pharmacy, told the Society in a letter that two days after the events he arranged for blinds to be provided to ensure medicines are not sold in the absence of the pharmacist.

David Reissner, for Mr Kalsi, submitted his client has no case to answer. "This is one of the most surprising cases to have been brought. Mr Kalsi was entitled to rely on Mr Chopra.

"No one told him the pharmacist was in and out like a yo-yo - it should be Mr Chopra here (accused of misconduct)," he said. The Committee found Mr Kalsi not guilty of misconduct and told him no further action would be taken, but offered him some advice.

Committee chairman Lord Fraser of Carmyllie said he could "see the force" of Mr Reissner's submission that the Society cannot try to present a case of misconduct if they've chosen not to prosecute his client. However, the Committee did not need to consider that because they found the action of Mr Kalsi did not reach the first stage of their deliberations that it could render him unfit to remain on the register.

...and a Pharmacist with a bottle of Benylin

Benylin has now recruited a little soldier to promote the Benylin Children's range this winter. He'll be campaigning on your behalf in the women's press to bring more and more mums marching into your pharmacy. Not only is the entire Benylin range sugar-free, colour-free and fitted with child-resistant caps, Benylin also passed a recent taste test with other leading children's dry and chesty cough medicines with flying colours. A taste of success that means little soldiers are happy to take their Benylin.

Medical matters

Ephedra linked to adverse effects

Dietary supplements containing ephedra alkaloids have been linked to adverse cardiovascular and central nervous system events.

A review of adverse events submitted to the US Food and Drug Administration that were linked to supplement use found that 62 per cent were actually related.

A total of 140 reports were submitted to the US Food and Drug Administration between June 1997 and March 1999.

Among the adverse events that were related, 47 per cent involved cardiovascular symptoms and 18 per cent the CNS. Hypertension was the single most frequent adverse effect, with 17 reports. This was followed by palpitations, tachycardia or both, stroke and seizures. Ten events resulted in death and 13 caused permanent disability.

Authors of the study, which was published in the *New England Journal of Medicine*, estimated that about 12 million people used ephedra supplements in 1999.

They concluded that further investigation is needed into why certain individuals are susceptible to adverse effects. This would enable dosage guidelines and warnings to be added to packs.

Caffeine linked to spontaneous abortions

Pregnant women who drink five cups of strong coffee daily more than double their risk of spontaneous abortion.

Women who drink at least one strong cup daily are more likely to have a spontaneous abortion than those who drink less coffee, according to a study in the *New England Journal of Medicine*. Smokers have a 50 per cent higher risk than non-smokers, but caffeine does not affect the abortion rate among smokers.

Midwives helped with the the study which compared 562 women who had suffered a spontaneous abortion at 6-12 weeks of gestation with 953 women without an abortion who were matched to their week of gestation. Questionnaires took account of coffee, tea, cocoa, soft drinks and caffeine-containing medication.

Mean intake of caffeine during pregnancy was similar in both groups. There were no significant differences between the groups in terms of education, body mass index, shift work or the use of vitamin supplements.

Researchers suggest reducing caffeine intake in pregnancy may be prudent.

Sibutramine proves effective in obesity

Sibutramine has been shown to maintain 80 per cent or more of an original weight loss over two years in more than 40 per cent of patients.

The drug, which is currently licensed in the US for obesity management, also lowered levels of HDL cholesterol, VLDL cholesterol and triglyceride, but not LDL cholesterol.

A randomised double blind trial recruited 605 obese patients for a six month period of weight loss with sibutramine 10mg daily and a 600 kcal/day deficit programme. Over three quarters of these patients achieved more than 5 per cent weight loss. These patients were then randomly assigned to either sibutramine 10mg daily or placebo for a further 18 months. The primary outcome measure was the number of patients at year two maintaining at least 80 per cent of their weight loss from the first six months.

Of the patients treated with placebo, only 16 per cent maintained 80 per cent or more of their original weight loss. Half of the placebo group and 42 per cent of the sibutramine group dropped out of the study.

Sibutramine is a tertiary amine, originally developed as an antidepressant. Its weight-loss-inducing properties are exerted through a mechanism involving the inhibition of neuronal reuptake of norepinephrine and serotonin at the receptor sites that affect food intake. It also prevents the decline in energy expenditure during weight loss.

The trial, which was published in *The Lancet*, showed that almost all patients who persist with its management scheme achieved a 5 per cent weight loss with sibutramine. Over half lost more than 10 per cent of their weight within six months.

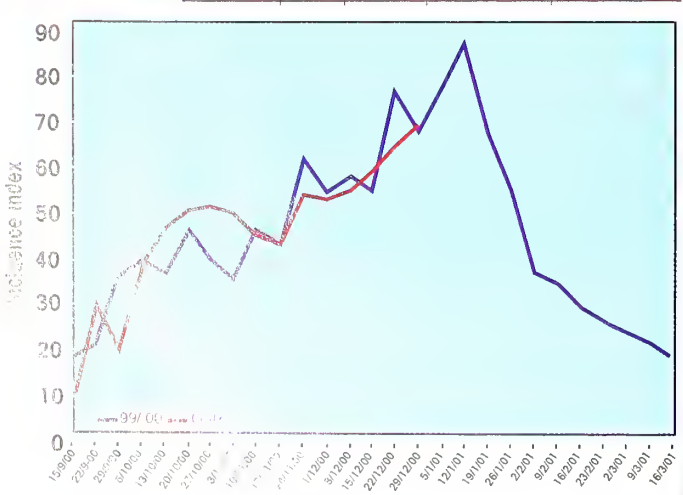
Cough, cold & flu FORECAST

Information updated weekly by SDI

SPONSORED BY

Benylin

United Kingdom	Status level	Number of weeks on status	Season 2000/2001 projected population affected by respiratory illness	2000/2001 vs. 1999/2000 cumulative season-to-date % difference
BIRMINGHAM	Alert	3 weeks	261,246	6.53%
BRISTOL	Alert	2 weeks	52,525	14.56%
GLASGOW	Alert	2 weeks	62,784	-30.86%
LEEDS	Alert	3 weeks	174,973	4.55%
LONDON	Alert	1 week	922,173	-8.42%
MANCHESTER	Alert	2 weeks	315,534	2.46%
NEWCASTLE	Alert	3 weeks	41,549	-10.13%
NORWICH	Alert	2 weeks	15,950	-6.76%



IN BRIEF

NICE decision on MS delayed

The National Institute for Clinical Excellence will not now provide guidance on the use of beta interferon and glatiramer acetate in multiple sclerosis until at least July 2001. Guidance was originally expected in August 2000. This delay is due to NICE's decision to commission further economic modelling on the drugs' cost effectiveness.

Broflex syrup rationed

Due to a delay in manufacturing, current stocks of Broflex syrup are being rationed and emergency stocks will be retained.

Alliance Pharmaceuticals Ltd.
Tel: 01249 466966.

Dominion launches betahistine

Dominian Pharma has launched generic betahistine tablets 8mg and 16mg. Prices are £6.18 for 120x8mg and £14.06 for 84x16mg.

Dominion Pharma Ltd.
Tel: 01428 661078.

It's great to receive,

Kevin Hussey (Energis), Peter Skinner (UniChem Ltd), Fiona Bruce (TV Newsreader), Chris Etherington, Geoff Mellor and Martyn Ward, (all of UniChem Ltd).

Client satisfaction and service is the essence of our business, so it's especially gratifying to have won the Daily Telegraph/Energis Customer Service Award for Retail and Distribution (Large Organisation). Confirmation of our dedicated support of independent pharmacy.

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SERVICE + INNOVATION + EXCELLENCE + PARTNERSHIP

UniChem Ltd., UniChem House, Cox Lane, Chessington, Surrey KT9 1SN. Tel: 020 8391 2323.

Counterpoints

Lynx Gravity blasts off

Elida Faberge has expanded the Lynx range with Lynx Gravity.

The new range consists of a 150ml body spray, rrp £2.49, 250ml shower gel, rrp £2.19, 100ml aftershave, rrp £7.45, 50ml roll-on, rrp £1.99 and 75ml deodorant stick, rrp £2.29.

Lynx Gravity is described as a blend of contemporary green notes with modern aromatic and citrus elements. The fragrance consists of sparkling spices blended with airy aldehydes.

The drydown, meanwhile, consists of white woods with touches of vetyver, leather and moss blended with musk and ambers.

Lynx' core range will be supported by a £7.5 million TV, press, internet and sampling campaign. Elida Faberge will also run a Gravity music event and related TV show later in the year.

Meanwhile, four Lynx aftershaves – Gravity, Phoenix, Africa and Voodoo – are featuring a new pack: a black slide off sleeve encases the bottle and removes traditional problems of scratched, damaged boxes.

Elida Faberge.
Tel: 020 8481 6000

Elida frees the spirit

Elida Faberge has launched Impulse Spirit which replaces Impulse Fresco.

The new body spray combines bergamot with a variety of top notes, such as orange, grapefruit, cucumber and frozen pear. Its middle notes comprise white peony, lily of the valley, jasmine and apricot.

It retails at £2.19 for a 75ml pack, which features a new twist-lock cap to prevent consumers/retailers from losing the lid.

David Walton, Impluse's brand activation manager, said Spirit is expected to be worth £5.7 million by the end of the year.

The Impulse range is being backed by a £5 million campaign that includes TV, press, poster advertising, direct marketing initiatives and mass fragrance sampling.

Elida Faberge.
Tel: 020 8481 6000

Gargling is good for you

TCP Liquid Antiseptic has launched its 'Get back to gargling' campaign, which will include competitions in the national, regional and women's weekly press, radio promotions and leaflets distributed from GP surgeries and health promotion units.

Pfizer-Warner Lambert Consumer Healthcare said the promotion aims to highlight that gargling with TCP is a cheap and easy way to treat a sore throat.

Last winter 50 per cent of TCP Liquid Antiseptic's sales came from consumers who used it as a sore throat gargle, said PWLCH. It added that pharmacists who sited the brand in both the cough/cold section and the first-aid section boosted their sales by [illegible] per cent.

TCP has produced an information leaflet called 'Gargling: what a relief'. Copies can be obtained by calling the Warner Lambert Consumer Bureau on: 023 8062 8274, quoting code for leaflet GTR.

Pfizer-Warner Lambert Consumer Healthcare.
023 8062 3678.

Sweetener is worth the weight?

Silver Spoon is backing Nothing Comes Closer to Sugar artificial sweetener with a TV campaign – the first time the producer has advertised a sweetener brand for 10 years.

The company is spending £750,000 to support the brand during January, when people traditionally turn to diets after the gastronomic excesses of Christmas.

Ads will appear on ITV and Channel 4 and will supported by point of sale activity and a covermount sampling exercise on 220,000 of the January/February issue of *Weight Watchers* magazine.

Since Nothing Comes Closer to Sugar was launched in March 2000, the artificial sweeteners market has grown 9 per cent to £59.3 million. Pharmacies account for 20 per cent of the sales.

Silver Spoon.
Tel: 01733 563171

Bronnley's four new soaps

Bronnley has launched four soap bars, each containing natural extracts to help moisturise the skin: Grape Blossom with Olive Butter, Spearmint with Walnut Shells, Ginger with Seaweed and Green Tea with Lemon Grass. Each bar retails at £2.95.

The company has also introduced a soap Easter egg, lightly scented with Lily of the Valley perfume which will be available in the Spring, rrp £1.95.

Bronnley.
Tel: 01280 702291

even better to give.

UniChem take huge pleasure in sponsoring the Great Business Awards and encouraging innovative business practice in independent pharmacy. Our heartiest congratulations go to all last year's winners, including Deepak Thakerar of Shaftesbury Pharmacy, Harrow (Most Helpful Pharmacist) and SmithKline Beecham Consumer Healthcare (Manufacturer Most Supportive of Pharmacy). Keep an eye out for this year's Awards entry form.

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Reaching the medical peak

Crookes Healthcare's E45 and Skin Confidence E45 will provide support for Carlton Television's Peak Practice medical drama, which began on January 2 and will run for three months.

The support is part of a £2.5 million marketing campaign that will include a number of pharmacy and grocer promotions and a national PR campaign.

IN BRIEF

Cool Eyes

Cebe Internationl, a French manufacturer of sporty sunglasses, has launched Take Off – its Spring/Summer eyewear range. The range has removable lenses and its design has been inspired by the surfing lifestyle. Its frames came in grey and blue, grey and red, black and dark red colours. Each pair of sunglasses retails at £52.
Cebe International.
Tel: 0207 304 7031.

Award

Retardex Oral Rinse, produced by Peripraducts, was recently crowned Best Dental Praduct at the FHM Graaming Awards 2000

Flexible friend

Seven Seas and Telstar are spansaring a new pilates exercise videa, due aut in January, which features instructar Lynne Rabinsan and farmer tennis champian Pat Cash. The videa shaws cansumers haw ta keep flexible with pilates and Seven Seas Pure Cad Liver Oil.
Seven Seas Health Care
Tel: 01482 375234

Plumpcious lips

Dendran has launched Blistex Daily Canditianer, a base far lipstick that cantains emallients, aloe vera, cacaa butter and vitamins A and E; rrp £2.25.
Dendron.
Tel: 01923 229251.

Bouncy Bassett's

Bassett's Soft & Chewy vitamins are featuring in a six-week long TV campaign which began on December 25. The ads, showing a healthy mum and her children bouncing along to the tune of 'The Sun Has Got His Hat On', are aimed at ABC1 mums and are appearing on GMTV and Channel 5. Following the last campaign, sales of Bassett's Jelly Babies Vitamins rose 23 per cent by value year-on-year.
Ernest Jacksan
Tel: 01363 772251.

New faces in the Banana Boat range

Playtex has expanded its Banana Boat Suncare range.

This includes Faces sunblock lotion, 240ml, rrp £7.50; accelerated & protective tanning oils, 180ml, rrp £5.95; ultra sunblock spray, rrp £8.99 and active sport spray, rrp £8.99.

New in the baby and children's sector are 'Cool Colours' Blueberry Scented sunblock, rrp £8.99 and Grape and Blueberry Foaming Mousse, rrp £9.99.

Banana Boat is a lead player in the US suncare sector. Its UK distributor is Trustin Unimerchants.
Trustin Unimerchants.
Tel: 01353 661999.

Musical scents

Potions and Possibilities and New World Music have joined forces to create two £19.95 gift packs that combine aromatherapy with music designed especially for relaxation.

One is for people interested in aromatherapy consisting of essential oils, almond oil and a CD to be played during a massage. The other includes three aromatherapy cleansing gels and a CD while relaxing in the bath.
Potions and Possibilities
Tel: 01473 622035

Bonjela in TV campaign

Bonjela, the oral lesion gel, is featuring in a national television campaign on Channel 5 from December 25 to the end of February.

The campaign, based on the cinema ads ran last summer, is designed to reinforce Bonjela's role as a treatment for mouth ulcers. The ads show a man, about to enjoy a meal at home and smiling with pleasure as he eats a forkful of food. Suddenly his smile turns into a gurning-like grimace as the food aggravates his mouth ulcers.
Reckitt Benckiser Healthcare.
Tel: 01482 326151

Strepsils' Sonics

Strepsils Extra is launching an 'audio' campaign with a difference in and around central London.

The advertising uses 'Sonic 6 panels', situated close to pharmacies, that interact with passers-by. The panels can sense movement and, as someone approaches, will play a 20 second audio commercial that starts with the sound of roaring flames, followed by a male voice over saying: 'Painful sore throats need the anaesthetic relief of Strepsils Extra'. The sound of flames being doused is then heard – Strepsils' lozenges are portrayed as mini-fire extinguishers – and then 'Shout' by Lulu. The ad's final message is: 'Strepsils Extra. An extra reason to shout.'

The panels can be seen and heard at 100 sites during two high cold and flu incidence weeks in January.
Crookes Healthcare.
Tel: 0115 953 9922.

Lemsip in £5m ad spend

Reckitt Benckiser Healthcare is backing Lemsip with a £5 million advertising campaign during the cold/flu season.

A TV campaign for Lemsip's Max Strength and Antibacterial Lozenge ranges will run until February 18.

Sales of Lemsip Cold + Flu Max Strength capsules are growing 93 per cent in value year on year, while Max Strength hot drink is up 27 per cent.

A women's press campaign is backing Lemsip Children's Six + Cold & Flu Relief until the start of February
Reckitt Benckiser Healthcare.
Tel: 01482 326151

ON TV NEXT WEEK

Beechams Winter Remedies: All areas except U, CTV

Benylin: All areas

Breathe Right nasal strips: All areas except C4, sat

Covonia: U, C, A, HTV, W, M, GMTV

Lemsip: All areas except CTV

Meltus: All areas except C4, GMTV

Day/Night Nurse: All areas except U, CTV

Nicorette: All areas

NiQuitin CQ: All areas except U, CTV

Panadol: All areas except U, CTV

Senokot: All areas

Sensodyne toothepaste: All areas

Sudafed: All areas except GMTV

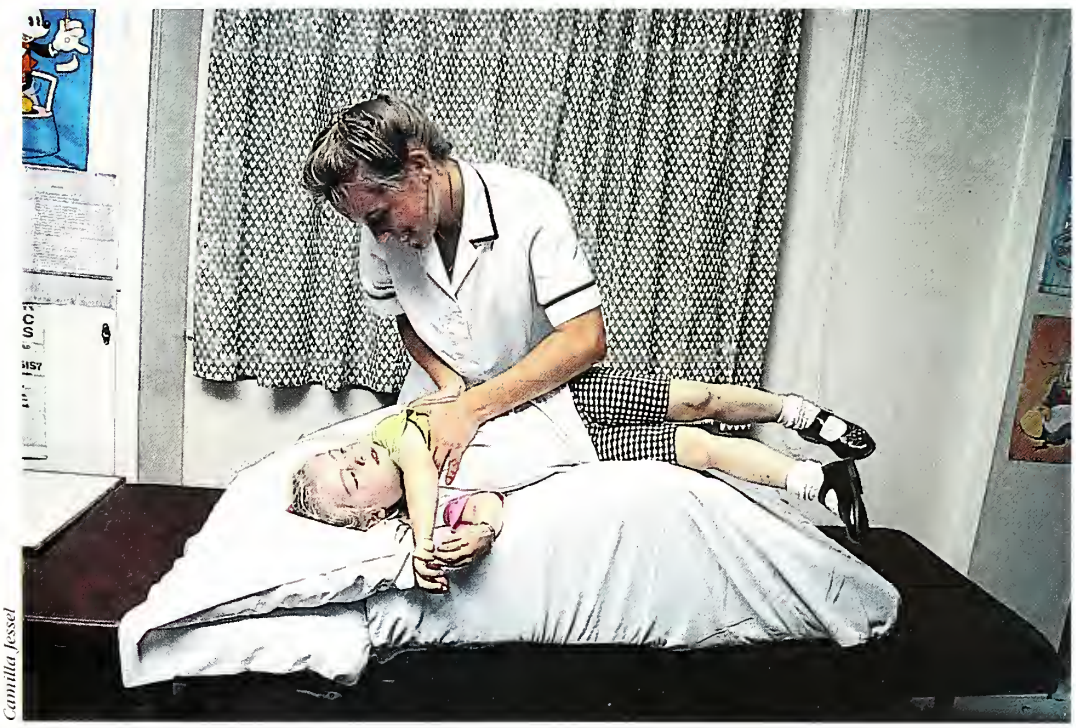
Pharmasite for next week: Nicorette Patch - Window, **Nicorette Gum** - in-store, **Nicorette Inhalator** - dispensary

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

PHARMACYupdate

A fatal inheritance

Although they only have a life expectancy of 30 years, there is a wide range of therapies aimed at improving the quality of life for cystic fibrosis sufferers. Helen Cunliffe, a cystic fibrosis pharmacist at St James's University Hospital, Leeds, explains



Camilla Jessel

A child with cystic fibrosis receiving physiotherapy

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1187), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* FEBRUARY 10, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To understand the pathology and symptoms of CF
- To appreciate how CF affects different body symptoms
- To recognise how drugs are used in CF therapy
- To be aware of the use of nebulised antibiotics in CF
- To be able to advise patients about their drug therapy

Cystic fibrosis is the commonest life-threatening hereditary disease in Caucasians, affecting almost 8,000 people in the UK. Despite significant improvements in early diagnosis and treatment, the median life expectancy of patients with CF is only 30 years.

Most CF patients die in early adulthood from respiratory failure. However, it is anticipated that 85 per cent of children presenting with CF will survive to at least 50 years of age even without any further advances in therapy.

Cystic fibrosis is characterised by:

- recurrent lower respiratory tract infections
- pancreatic insufficiency (90 per cent of CF patients)
- high sweat chloride
- male infertility.

The condition is caused by a single gene defect on chromosome number seven. Many different genetic mutations have been described (currently over 800), and increasingly these have shown how the clinical presentation of CF can vary. The most common single mutation (involving deletion of the codon for phenylalanine) at position 508 (delta F508) occurs in 70 per cent of patients.

CF is an autosomal recessive disease, requiring both parents to be carriers of the defective gene. There is a one in four chance of these parents having a child with cystic fibrosis, and a one in two chance of having a child who is a carrier of the defective gene.

In the UK the carrier frequency is 1/25 and the incidence is about 1/2,500 live births. Of the patients in the UK, about half are adults.

Pathology

The genetic defect leads to the production of an abnormal protein called the cystic fibrosis transmembrane conductance regulator protein (CFTR). CFTR controls chloride ion transport across cell surfaces. In CF, chloride ion transport is impaired, resulting in an abnormally concentrated fluid on epithelial surfaces in the lung and elsewhere.

This makes the airway secretions very viscous and difficult to clear, predisposing the lung to chronic pulmonary infections and consequent lung damage. The presence of CFTR throughout the body explains the multi-system nature of CF, and why it affects the sweat and salivary glands, the pancreas, gastrointestinal tract, liver and male reproductive system.

Pancreatic insufficiency affects 90 per cent of CF patients, resulting in steatorrhoea (fatty, offensive stools) and failure to thrive in infancy due to malabsorption. During their teenage years patients may develop diabetes due to pancreatic damage. Liver dysfunction is also seen with increasing age.

Therapy

Therapy consists of three major components – drug therapy, nutrition and chest physiotherapy.

Drug therapy is targeted at treating:

- malabsorption

Continued on PII →

Continued from PI

- fat-soluble vitamins
- pancreatic enzymes
- dietary supplements
- respiratory disease
  - antibiotics
  - bronchodilators
  - mucolytics
  - +/- concurrent asthma treatment (about half of patients)
  - +/- allergic bronchopulmonary aspergillosis (ABPA) treatment
- liver disease
- diabetes.

Digestive tract

There is evidence that well-nourished patients have a better outcome. It is therefore essential that CF patients have an adequate energy level and take effective enzyme and fat-soluble supplements.

Most patients (90 per cent) have some pancreatic insufficiency requiring pancreatic enzyme supplements. Without efficient supplementation patients suffer from steatorrhoea, malnutrition, stunting, fat-soluble vitamin deficiency, and delayed puberty.

Oral pancreatic enzyme supplements containing lipase, amylase and protease, (eg Creon, Pancrease and Nutrizym) are taken with every meal and snack. The acid-resistant microspheres are the most effective, being protected from the acidic stomach of the CF patient.

The quantity required is determined by the fat content in the meal, and titrated to achieve optimal stool formation with adequate absorption. The enzymes are best taken at the beginning or early in the meal.

Capsules should be swallowed whole if possible. For infants, the capsules can be opened and the microspheres mixed with a small amount of milk or fruit purée and given from a spoon directly before the feed. They should not be crushed or chewed in the mouth.

High concentrations of pancreatic enzyme supplements can cause colonic strictures in children. In 1995, the Committee on Safety of Medicines recommended that the maximum daily dose of enzymes should not exceed 10,000 units of lipase/kg/day.

Patients who continue to malabsorb may benefit from the addition of an H2 antagonist or proton-pump inhibitor, which helps to prevent inactivation of the enzymes in the acidic CF gut.

Inadequate or excessive dosing of pancreatic supplementation can cause intestinal obstruction known as distal intestinal obstructive syndrome (DIOS) or meconium ileus equivalent (MIE). Symptoms include acute abdominal pain, distension and vomiting. Treatment is oral Gastrografin and acetylcysteine, or bowel-cleansing solutions (eg Klean-Prep) in combination with good hydration.

Gastro-intestinal reflux is more common in patients with CF. Treatment is with an H2-antagonist or proton-pump inhibitor.

The motility stimulant cisapride has been used with good effect, particularly at night before overnight gastrostomy feeding. Its licence has recently been withdrawn, but it is available on a named patient basis only for patients who do not respond to any alternative therapy. This should be managed by the CF centre with the consultant accepting responsibility for prescribing and comprehensive patient monitoring.

Patients need supplements of fat-soluble vitamins A, D and E (see table). Vitamin K supplementation is used only for those who have clotting problems resulting from underlying liver disease.

Drugs commonly prescribed in the treatment of Cystic Fibrosis, with dispensing tips

DRUG	DOSE	COMMENT
Respiratory tract		
ciprofloxocin	Children:15mg/kg/doy in two divided doses Erodicotion of initiol Pseudomonos infection; 25-50mg/kg/doy in 2-3 divided doses. Adult: 750mg bd	Although contro-indicated in children, it is used where the benefit outweighs the risk ond often with high doses ond long courses. Photosensitivity is o known side-effect – recommend sun block
flucloxocillin	Children: 50-100mg/kg/doy Adult: 500mg-1g tds or qds	Often given as long-term prophylaxis. Moy be prescribed in a bd or tds regimen to improve complionce
itroconozole	5mg/kg/doy in one or two doses	Alwoys dispense liquid. Capsules ore not recommended in CF potients due to poor bioavailability
nebulised ontibiotics (where injections ore used to nebulise)		Make up to o 4ml fill usuolly with 0.9 per cent saline. Ensure on oppropriote compressor (powerful) and nebuliser ore being used
prednisolone	1-2mg/kg/doy in the morning, for ABPA Adults: 1mg/kg/doy Mox: 60mg daily	Never dispense enteric-coated preparotions. The CF potient's ocidic stomoch connot breokdown the cooting. This opplies to oll e/c preporations
Gastrointestinal tract		
vitomin A ond D	Dose titrated occording to blood levels. Infants: 4000 iu vitamin A with 400 iu vitomin D. Children over one yeor: 8000 iu vitomin A with 800 iu vitomin D. Adults: As determined by blood levels	Suitoble preporotions include Abidec liquid ond vitomin A ond D capsules BPC. Doses are considerobly higher thon the usuol dietory intoke and may be higher if molobsorption is o problem
vitomin E (tocopherol)	Infont: 25-50mg (37-75iu). Child over one yeor: 100-200mg. Adult: As determined by blood levels	Doses moy be higher if molabsorption is o problem
vitomin K (menodiol)	5-10mg/doy	Current policy is to odminister only if the potient hos an increosed prothrombin time. The water-soluble preporotion of vitomin K (menodiol) is more likely to be obsorbed
poncreotic enzymes	Dose titroted to effect	Moximum recommended dose: 10,000 units lipose/kg/doy
cisopride	Children: 0.2mg/kg/dose, 3-4 times o doy. Adult: 10mg tds or 20mg nocte if on overnight feeding	Licence withdrown (see text)
ronitidine	Children: 2-4mg/kg/doy in two divided doses. Adults: 150mg bd	Moy be odded to improve efficocy of poncreatic enzymes in potients with molobsorption despite optimol enzyme theropy
Liver disease		
tourine	30mg/kg/doy. Moximum: 500mg tds	Block-listed os the Lambert brand but is available on o nomed-potient bosis os eg 'O-Dur' from IDIS
ursodeoxycholic ocid (UDCA)	Children ond odults: 20mg/kg/doy in two or three divided doses	Often used in conjunction with taurine supplementotion

Diabetes

Diabetes affects 6 per cent of CF patients, who then need insulin therapy. All patients should maintain a high-energy dietary intake with their insulin dose tailored to individual requirements. Insulin dose may need increasing during infections.

Nutrition

Adequate nutrition is vital to the quality of life and long-term survival of patients with CF. There is a close relationship between nutritional status and respiratory function. Possible causes of poor nutrition in CF include malabsorption, increased energy requirements and inadequate intake.

Many patients are prescribed high-calorie oral supplementation. As lung function deteriorates, nutritional support may involve overnight nasogastric or gastrostomy tube feeding.

Liver disease

Patients with abnormal liver function tests are given ursodeoxycholic acid with or without the amino acid taurine.

Ursodeoxycholic acid is a bile acid, shown to improve abnormal liver function tests. Pancreatic insufficiency leads to bile acid malabsorption and concomitant excessive loss of taurine; the more hepatotoxic glycine conjugated bile acids become predominant.

Taurine supplementation is given to address the inbalance and hopefully provide a less toxic environment within the liver. Taurine has also been shown to improve fat absorption.

Respiratory management

The thick tenacious secretions within the lung make infection

Continued on PIV →

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NUTRICIA SUPPLEMENTS
The science of well-being

Continued from PII

inevitable. The lungs become inflamed, and over a period of years the vicious circle of infection, inflammation and increasing damage causes bronchiectasis. It is imperative that infections are treated effectively to minimise permanent lung damage and ultimately prolong life.

In the early years the most common infective organism is *Staphylacaccus aureus*. Some centres prescribe a life-long course of flucloxacillin as prophylaxis, while others treat after isolating the organism responsible. *Haemophilus influenzae* may also be present and this should be treated, for example with amoxicillin or cefaclor.

As the disease progresses, *Pseudamanas aeruginasa* infects the lung. When first isolated it is treated aggressively to try and eliminate the organism and prevent chronic colonisation. Patients are prescribed oral ciprofloxacin with nebulised colistin, 1-2 megaunits, two or three times a day for a minimum of three weeks (some centres use three months).

This therapy is given at any age since the benefits outweigh any potential risks. If the infection does not respond, a course of intravenous antibiotics is given for a minimum of two weeks.

In most patients, pseudomonas eventually becomes established in the lung. This requires prophylactic long-term nebulised antibiotics such as colistin, gentamicin or tobramycin, as well as courses of intravenous antibiotics. Some centres advocate regular two-week courses every three months in these patients, while others treat exacerbations only.

Other organisms are often more resistant to conventional treatment and require sensitivity testing against specific antibiotics. For example, *Burkhalderia cepacia* (doxycycline) and *Stenatraphamonas maltaphilia* (co-trimoxazole).

Some patients can become chronically colonised with an environment fungus called *Aspergillus fumigatus*. The fungus can act as an allergen and induce a hypersensitivity reaction called allergic bronchopulmonary aspergillosis (ABPA) in the lungs.

This condition is often associated with increased respiratory symptoms, including wheeze. Treatment is with oral prednisolone with or without itraconazole liquid. Nebulised amphotericin may be used where response to conventional therapy is poor.

When a patient develops a new viral respiratory infection such as the common cold, an extra antibiotic is added to the long-term flucloxacillin. The antibiotic should be one that is active against *H influenzae* and *S pneumaniae*, such as amoxicillin, cefaclor or a macrolide. Treatment is continued until the patient returns to their previous condition, even if this takes two or three weeks.

A totally implantable venous access device (TIVAD) is inserted into patients who require regular courses of intravenous antibiotic therapy, either in hospital or at home. This discrete device is implanted on the chest wall or upper arm and allows intravenous drugs to be given painlessly without accessing a vein.

The devices (eg Port-A-Cath, PAS Port) are left *in situ* between courses and can remain there for many years if correctly cared for. They require aseptic technique and regular flushing with sodium chloride 0.9 per cent for injection and heparin locks such as Heplock.

ACTION PLAN

1. Do you have a patient with cystic fibrosis? Talk to your colleagues and try to find out if they also have a CF patient. Then see if you can relate the frequency of the condition to the national figure of 1:2,500 live births using a figure for the local population.

2. Obtain a list of drugs prescribed for any CF patient. Does their treatment reflect the outline in the article?

3. Talk to a CF patient if you can. Try to find out how the disease affects their life. Do they have physiotherapy for their lungs? Who does it? What about their diet? How often do they get a lung infection?

4. The article talks about [illegible] some drugs outside their [illegible] How are you affected by [illegible] drugs outside their licen[illegible] need to confirm [illegible] with the [illegible]?

5. Revi[illegible] nowledge of nebulis[illegible] about which neb[illegible] is appropriate [illegible] uliser. Consider whi[illegible] are suitable fo[illegible] antibio[illegible]

Nebulised antibiotics

DRUG	DOSE	NOTES
Colistin	1-2 megaunits, usually bd but can be tds	Use injection to nebulise. 1Mu: make up to 4ml fill with 0.9% saline injection. 2Mu: up 2ml WFI and 2ml 0.9 per cent saline to make an isotonic solution.
Gentamicin	40-160mg bd	Use injection and make up to 4ml fill with 0.9 per cent saline
Tobramycin	40-160mg bd	Use injection and make up to 4ml fill with 0.9 per cent saline
TOBI-preservative free tobramycin specifically formulated for nebulised use	300mg bd Therapy is 28 days 'on' and 28 days 'off', ie six months active treatment/year	Formulated as 300mg/5ml ready prepared solution. Nebuliser equipment is supplied by the drug's manufacturer, PathoGenesis

Nebulised antibiotics require a powerful compressor and an appropriate nebuliser with either a filter or 'elephant tubing' to vent out of a window

Physiotherapy

Chest physiotherapy (twice daily) is an integral part of CF management. It aims to reduce airway obstruction by improving clearance of secretions, to reduce the severity of the infection by clearing infected material, and to maintain optimal respiratory function and exercise tolerance.

Some patients benefit from a nebulised bronchodilator, such as salbutamol, before physiotherapy. Any inhaled antibiotics should be nebulised at the end of physiotherapy, in order to maximise the length of time they are at the site of infection.

Oxygen therapy may be required as lung function declines.

Joint problems (arthropathy) develop in 10 per cent of children and may respond symptomatically to NSAIDs.

New drugs

Dornase alfa (Pulmozyme) is the recombinant form of a naturally-occurring enzyme, human DNase 1. When nebulised it reduces the viscosity of the sputum by breaking down extracellular DNA, derived from the nuclei of degenerating white blood cells in the CF sputum. This helps with the expectoration of sputum and airway clearance.

Clinical trials have shown that it can improve lung function, decrease the number of chest infections, and improve overall wellbeing of the patient. However, not all patients benefit from this additional drug, and in view of its cost (around £7,500 a year), it is common practice for the drug to be prescribed initially for a trial period, while monitoring lung function. The dosage is 2.5mg, nebulised once a day. Little, if any, benefit is gained from a twice daily regimen. Side-effects are minimal and transient (hoarseness, voice alteration).

Some patients experience side-effects (eg bronchospasm) from inhaling the preservative in antibiotic injection formulations. TOBI is a recently licensed, preservative-free preparation specifically formulated for inhalation in CF patients colonised with *Pseudamonas aeruginasa*.

Therapy is a twice daily nebulised dose of 300mg, for 28 days, followed by 28 days without TOBI. This alternating regimen is then recommenced and continued. A 20 week study has demonstrated a significant improvement in forced expiratory volume in one second (FEV1), a decrease in the density of Pseudomonas in sputum and a reduced need for IV antibiotics.

In another study, reported at 92 weeks, average lung function was 4.7 per cent above baseline. A more recent, albeit short (one month), study compared nebulised colistin with TOBI. FEV1 improved with TOBI (6.7 per cent) compared with 1 megaunit colistin (0.37 per cent). TOBI is expensive at £1,540 per month (£9,240 per year), and further studies are required to fully evaluate the long-term benefits. It is well tolerated with transient side effects such as voice hoarseness and tinnitus.

Gene therapy

Since the discovery in 1989 of the gene that codes for the CFTR protein, a huge international research effort has gone into developing techniques to correct the genetic defect responsible for CF.

To date, about 200 patients have taken part in gene therapy trials. These studies have shown that it is possible to correct the biochemical abnormalities of fluid transport in the cells of CF patients, but the effects have been weak and short lived. Research is continuing into more efficient carrier systems to get the CFTR gene into cells, and better ways of overcoming the natural barriers to gene therapy such as the thick mucus in CF lungs.

However, it is likely to be several years before gene therapy becomes a realistic option for younger patients with minimal lung and other organ damage.

Role of the community pharmacist

Although patients with cystic fibrosis will usually have new drug therapy initiated at the hospital, community pharmacists have an important role in ensuring effective drug therapy and efficient supply of medicines within primary care. Cystic fibrosis is very demanding for the patient and carers, and anything that the pharmacist can do to help will be appreciated and could improve compliance.

Pharmacists should ensure that appropriate drug formulations are supplied (see table). GPs should be encouraged to prescribe in sufficient quantities.

Helen Cunliffe is a drug information pharmacist at St James's University Hospital, Leeds.

[*The author cannot accept responsibility for the use of any of the drugs listed. Some of the indications and dosages are outside of the product licence, but are widely used and deemed safe in the doses recommended.*]

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RESOURCES

Patients will usually be informed about the Cystic Fibrosis Trust, which is an organisation interested in many aspects of CF. It publishes a regular newsletter called *CF News*
The Cystic Fibrosis Trust,
11 London Road
Bromley
Kent BR1 1BY
Tel: 020 8464 7211
Web site: *www.cftrust.org.uk*

Sources of valuable information for the pharmacist include:

- **the pharmacist connected to the CF unit/hospital where the patient attends. They may be able to provide eg a protocol, dosages of drugs used within their clinic, or a summary of the drugs with which the patient was discharged**
- **drug information centres, within pharmacies or at the regional CF unit hospital**
- **the recently formed CF Pharmacist special interest group. Further information is available from Claire Chilton at Compass Communications on 01344 668371**

Probiotics – a viable prospect?

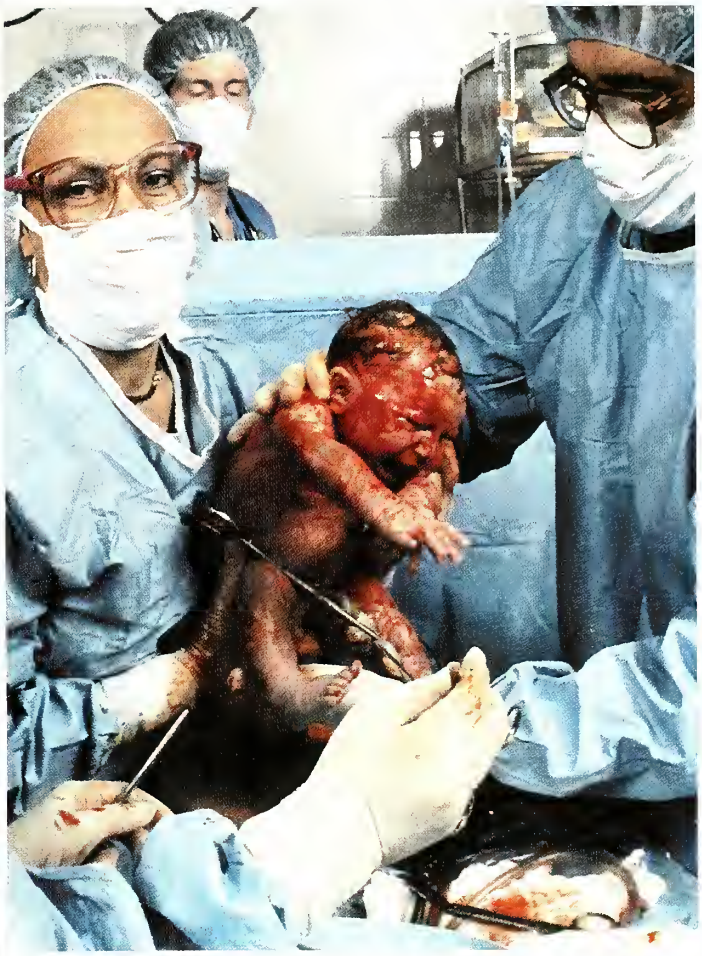
Probiotics alter the gut's microbial ecology. Dr Ben Forbes explains how this may produce health benefits

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1188), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* FEBRUARY 10, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To understand how the gut microflora may affect health
- To distinguish between probiotics and prebiotics
- To appreciate how probiotics may work
- To be aware of problems in the past with probiotics
- To be able to advise customers about probiotic use



At birth, our gastrointestinal tract is sterile – free from microflora

The human body is home to more bacteria than the number of cells that make it up. In fact, the bacterial population (microflora) of the gastrointestinal (GI) tract can be regarded as the largest 'organ' in the human body.

As the condition and function of the GI tract is essential to our wellbeing, it has been suggested that disturbance of the ecology of the GI microflora may result in illnesses that can either be protected against or treated by the restoration of a balanced bacterial flora.

This suggestion is not new. As long ago as 1907 a Russian doctor called Metchnikoff speculated that the consumption of bacteria in fermented yoghurts might explain the health and longevity of Eastern European peasants. Although the validity of Dr Metchnikoff's original observations has been questioned, almost a century later the concept of bacteria-derived health benefits is a popular idea. With today's increasing emphasis on health promotion and consumer-led demand for 'natural' remedies, interest in the idea that disease may result from an imbalance in the GI microflora is at a high.

There have been great changes in the Western diet during the past century, which have been linked to an increased prevalence of certain diseases. Dietary changes include a reduction in the consumption of naturally preserved foods that are produced by bacterial fermentation and a change in the types of food that are eaten.

The likelihood that such dramatic changes in diet will have resulted in an alteration to the 'normal' gut microflora provides a rationale for the supplementation of the diet with health promoting bacteria. In recognition of this situation the food industry, which uses bacteria to preserve and flavour recipes such as cheeses and other meat/dairy products, has for the past few years been promoting products containing live bacteria for health benefits. The Japanese in particular have embraced this concept and it was in Japan that one of the better known products, the bacteria-containing yoghurt drink, Yacult, was developed.

Increasingly, bacteria-containing products are being promoted as health supplements and a number of pharmaceutical preparations such as powders, capsules and tablets have been developed (see Box 1).

What are probiotics?

A distinction is made between prebiotics and probiotics, although both are used with the aim of altering the microbial ecology of the gut. Prebiotics are dietary substances, typically oligosaccharides, which are designed to beneficially alter the composition of the GI microflora by favouring the colonisation of certain bacterial species.

It is accepted readily that diet has a huge impact on health, and the idea that it modulates the microflora of the human GI tract is equally compelling. Probiotics have been defined as 'live micro-organisms with low or no pathogenicity, but with functions of

Continued on PVI →

Continued from PV

importance to the health and well-being of the host'.

The commonest probiatic bacteria are onaerobic lactic acid-producing species. These are mainly the lactobacilli originolly suggested by Dr Melchnikaff and widely used in the dairy industry, and bifidabacteria, which are found in high numbers in the human bowel. Other probiotic species include streptococci, *E coli* and bacterioides.

The microbial ecology of the gut is not completely understoad because of the technical difficulties invalved in studying complex bacterial interactians. Over 500 bacterial species inhabit the GI tract with the number af organisms rising from 10^3/ml in the stamach, to 10^{11}/g in the colon. The intestine and calon cantoin mainly anoerabic bacteria including lorge numbers of lactabacilli, bacteriaides and bifidabacteria species.

At birth, the GI tract is sterile. Thereafter, ingested bacteria accumulate ta farm a micraflara which is dynamic and canstantly changing. Bocterio ore ingested an a daily basis, althaugh relotively few survive the pratective acidic canditians of the upper GI tract. Bacterio in the intestine are capable af rapid multiplication, while large numbers are remaved in the faeces. If prabiatic bacteria are ta exert beneficial effects, they need ta be retained in the intestine for sufficient time ta produce their positive actians.

Mechanisms of colonisation

Far prabiatic bacteria ta survive and multiply in the intestine they must aut-campete ather bacterial species. A number af mechanisms might explain haw they da this.

The praductian of antimicrobial substances by prabiotic bacterio seeking a competitive advantage aver other bacterial species may allaw these bacteria ta autgraw potential pathagens. Enviranment-canditianing by-praducts af their awn metabalism, such as lactic acid, con favour the calanisation of prabiotic bacteria. The secretion af specific antimicrabial agents knawn os bacteriacins con also favaur calanisatian.

Preferential adhesian ta the intestinal mucaus membranes is a mechanism that may favaur the retentian af beneficiol bocteria in the intestines and help exclude potential pathagens fram epithelial binding sites. Finally, campetitian for nutrients moy pravide a selective pressure for calanisation by efficient natural scavengers such as prabiatic bacteria. Although the colan cantains a generally nutrient-rich enviranment, campetition far certain essential elements may accur.

Health-promoting bacteria?

The prapased health benefits af probiotics range fram vague claims of 'impraved well-being', ta preventative actians and, mare speculatively, theropeutic rales in clinical medicine (Bax 2). The basis far the use af prabiatics as health supplements is that 'narmal' gut ecalogy is required far 'healthy' functian.

These terms are so poarly defined as ta preclude a scientific analysis af their merits. The prapased preventative actions af prabiatics are based an a number of theoretical mechanisms. It is claimed that prabiatic bacteria restare the gut micraflara after antibiotic theropy and provide pratectian against travellers' diarrhaea and resistance ta gastraintestinal infectian. Supparting thearies for these actions are bosed an the obility of prabiotic bacteria ta calanise the intestine and replace last bacteria ar campete with ingested 'fareign' bocterial species.

Bacterial metabalism is prapased ta breakdawn mutagenic campaunds in the diet ond prevent calan cancers. It is speculated that pratectian against alcahalic liver disease orises fram the praductian af protective taurine by intestinal bacterio, while bacteriol processing af chalesteral may reduce its absarptian fram the GI tract. It hos olsa been suggested that bacteria in the intestine stimulate the immune system and have a rale in chranic fatigue syndrame.

Therapeutic probiotics?

Probably the greatest success af prabiotic therapy ta date has been the treotment af intestinal pathagens, in particular *Clostridium difficile*. Althaugh nat universally successful, there are a

Continued on PVIII →

Box 2: Health benefits suggested for probiotics

Vague claims	"to maintain healthy bacterial balance" "promotes gastrointestinal health" "improves digestion" "keeps intestinal contents sweet" "reduces harmful bacteria"
Protection/prevention	Travellers' diarrhoea Post-antibiotic diorrhoeo Gut infection (Clostridio, Salmanella) Antimutogenic Improved immunity Alcahal-induced liver disease Cholesterol lowering Flatulence Lactose intalerance
Prabiatic therapy	Crohn's disease Functional diarrhoea and constipation Irritable bowel syndrame Ulcerotive colitis

Box 1: Probiotic products available in the UK

Product	Presentation	Bacteria
G & G Prodophilus	Powder	*L. acidophilus*
Nutrigrene Acidophilus Supreme	Powder	*L. acidophilus*
Nutrigrene Super Dophilus	Powder	*L. acidophilus* DDS-1
Culturelle	Capsule	Lactobacillus sp GG
Bioacne Bifidophilus	Capsule	*L. acidophilus* INT9, bifidobacteria
Bioactive Acidophilus bifidus	Capsule	*L. acidophilus, B. bifdum*
Culturelle	Capsule	Lactobacillus sp GG
Healthmate Acidophilus Extra	Capsule	*L. acidophilus, B. bifdum*
Lambert Acidophilus Extra	Capsule	*L. acidophilus, bifidobacteria*
Larkhall Super Flora Acidophilus	Capsule	*L. Acidophilus*
Lifespan Acidophilus	Capsule	*L. acidophilus, L. rhamnosus*
Quest Nutrition Acidophilus Plus	Capsule	Three lactobacillus strains
Seven Seas Probiotic	Tablet	*L. Acidophilus, B. bifdum, B. longum*

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Becotide™ 100 Easi-Breathe® BECLOMETHASONE BP 100MCG EASI-BREATHE INHALER	IS REPLACED BY	Beclazone 100 Easi-Breathe® BECLOMETHASONE BP 100MCG EASI-BREATHE INHALER	PIP CODE 216-9290 U/CHEM PROSPER CODE 006171 AAH LINK CODE BEC99U
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Continued from PVI

number of reports of successful treatment of *C difficile* with lactobacilli.

The suggestion that other diseases of the GI tract, many of which have an unclear aetiology, may be bowel-flora related is intriguing. Diseases that fall into this category include irritable bowel syndrome (IBS), functional constipation and diarrhoea, and inflammatory bowel conditions such as ulcerative colitis (UC) and Crohn's disease.

Probiotic bacteria have been administered to patients with these conditions, but clinical trials have proved inconclusive or suffered from a lack of reproducibility. The complex GI microflora and its numerous components, together with the unpredictable nature of many of these conditions make this an extremely difficult area for research. It also partly explains why so many questions remain unanswered despite a relatively long history of interest in the potential of probiotic therapy.

Problems in the past

A lot of the uncertainties surrounding the use of probiotics arise from the uncontrolled way in which the area has been developed. The lack of reproducibility of clinical studies has been attributed to a lack of co-ordination between clinicians and microbiologists, differences in strains and numbers of bacteria used, uncontrolled trials, the use of different model systems and the stringency of data interpretation.

Development of microbiological methods to ensure accurate recovery and counting of bacteria has also limited research. A particular problem in the past has been the poor quality of probiotic formulations, which may be responsible for much of the contradictory evidence that has been generated in clinical studies.

When the type of bacteria and number of bacteria in probiotic tablets and capsules were compared to the label claim in a *Which?* study in 1998, only 5/20 of the preparations were found to conform to their label claim. Either the number of bacteria was reduced, or different strains were present. The products listed in Box 1 are restricted to those that have passed quality tests.

Box 3: A pharmaceutical assessment of probiotic products

Preparations	Tablets, capsules and powders containing mainly lactobacilli and/or bifidobacterium (see box 1)
Indications	Suggested to confer general health benefits. A theoretical but unproven role has been proposed for specific probiotic bacteria in the prevention or treatment of a variety of diseases (see box 2)
Side effects	Few side effects. May affect stool frequency or appearance
Contraindications	Caution has been urged in immunocompromised patients
Interactions	Antibiotics. Theoretical interaction with drugs metabolised by the intestinal flora (eg digoxin, levodopa)
Legal category	Dietary supplements (no medical claims). At present no therapeutic claims are made for any probiotic product
Cost	Typically cost £5 to £15 for a month's supply
Dosage	Repeat dosing is necessary to maintain colonisation. Daily or twice daily administration is generally recommended
Administration	Avoid washing down with hot drinks, take with food to avoid excess acidity

Current probiotic tests

Any clinical role for probiotics remains to be demonstrated. But studies in which bacteria have been recovered from the faeces/intestines of people who have ingested these products show that the delivery of bacteria to the intestine with subsequent colonisation is feasible.

At present in the UK probiotics are sold as food products and dietary supplements with health promoting claims based largely on theoretical considerations or anecdotal evidence of health benefits.

Many claims for probiotics are unsubstantiated and these products have attracted the attention of the Consumer Association. Although products for dietary supplementation are not regulated as strictly as pharmaceuticals, they are required to comply with terms of the Trades Description Act.

For a product to be developed as a therapy for a specific disease, evidence of efficacy would be required via controlled clinical trials before licensing by the Medicines Control Agency. Putative probiotic therapies, often containing cocktails of probiotic species, have been delivered to patients with conditions such as IBS, UC and Crohn's disease. Successful delivery and retention of probiotic bacteria has been achieved but convincing evidence for any therapeutic benefits is awaited.

Promise for the future

Although the quality of probiotic formulations has undoubtedly improved, it is still unclear which species might prove the most beneficial and under what conditions. Fundamental research into the role of intestinal bacteria in health is being undertaken and evidence for a preventative role in certain conditions might be forthcoming in the future.

It is generally accepted that one of the more promising applications for probiotic bacteria might be a preventative measure in travellers' diarrhoea. Advances in our understanding of any therapeutic role of bacteria in conditions such as UC, IBS and Crohn's disease will probably be required to facilitate the development of such therapies.

A likely development is that current probiotic preparations, many of which have a tenuous scientific basis, will be replaced by products that contain 'proven' bacteria and have been designed for optimal delivery to, and colonisation of, the intestines.

For the pharmacist, it is worth noting that the gut is extremely susceptible to upset by xenobiotics, as illustrated by the way that many drugs have GI side effects such as nausea, vomiting, diarrhoea and constipation. If probiotic bacteria can help maintain gut equilibrium under adverse conditions, then probiotic products have the potential to provide welcome relief for many people.

A summary of the current position is that probiotics are expensive and it is unclear whether they produce any beneficial effects in 'healthy' individuals. However, at least most products now contain the strains and numbers of bacteria claimed on the label. While these products may produce little in the way of benefits, there is no evidence that they produce any adverse effects.

Dr Farbes is a lecturer in pharmaceuticals at King's College Landan and scientific advisar ta MedPharm Ltd, which is developing prabiatic farmulatians.

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ACTION PLAN

1. Look at your vitamin/supplement section and list in your practice workbook the products containing probiotics. Against each product list the perceived benefit of each ingredient. How convinced are you that these products have physiological value? What about the psychological value?
2. Do you stock any probiotic product not listed in this article? The article draws attention to past mislabelling. Do you have any reason to doubt the labelling of those products listed in the article or those that you stock but are not mentioned?
3. Look at further reference sources and try to find other views on probiotic products
4. The article lists only three probiotic bacteria. Try to find out if there are more.

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. To the support of Genus Pharmaceuticals, *C&D*'s readers can test their progress by using the multiple choice questions (MCQ) paper to be inserted in the February 10 issue, which will cover this week's CPP-accredited modules, together with those in the January 20 issue.

The MCQ paper for the December modules will be enclosed in next week's *C&D* covering:

- Water-soluble vitamins (1184)
- Constipation (1185)
- Influenza (1186).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

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BITUSSIN CHESTY COUGH MEDICINE PRESENTATION Cherry flavour liquid for oral administration [illegible] contains Guaiphenesin Ph Eur 100 mg. INDICATIONS. Expectorant for the treatment of coughs DOSAGE Adults, the elderly and children over 12 years [illegible]
four times daily 1 - 6 years 2.5 ml four times daily Under 1 year Not recommended CONTRAINDICATIONS Hypersensitivity to any of the ingredients. INTERACTIONS: None documented. SIDE EFFECTS None documented. USE DURING PREGNANCY AND [illegible]
ducts in pregnancy and lactation is at present incomplete However, wide usage for many years has shown no apparent ill consequences OVERDOSAGE: Nausea and vomiting PHARMACEUTICAL PRECAUTIONS Store below 25°C SHELF LIFE [illegible] years LEGAL CATEGORY [illegible] PACKAGE QUANTITIES [illegible]
ICES (RSP ex vat) £2.89 Amber glass bottles of 100 ml MARKETING AUTHORISATION NO PL 0165/0097 MARKETING AUTHORISATION HOLDER Whitehall Laboratories Limited, Huntercombe Lane South, Taplow, Berkshire, SL6 0PH DATE OF PREPARATION [illegible] ROBITUSSIN CH[illegible]
UGH WITH CONGESTION COUGH MEDICINE - PRESENTATION Cherry flavour liquid for oral administration Each 5ml contains Guaiphenesin Ph Eur 100 mg, Pseudoephedrine Hydrochloride BP 30 mg INDICATIONS Nasal decongestant and expectorant for the symptoms [illegible] respiratory tract [illegible]
SAGE Adults, the elderly and children over 12 years 10 ml up to 4 times daily Children 6 - 12 years 5 ml up to four times daily 2 - 6 years 2.5 ml up to four times daily. Under 2 years. Not recommended CONTRAINDICATIONS Hypersensitivity to any of the ingredients [illegible] with [illegible] heart di[illegible]
roloxicosis, glaucoma, diabetes, enlargement of the prostate or urinary retention Patients currently receiving, or who have within the last two weeks received, monoamine oxidase inhibitors. Patients receiving tricyclic antidepressants. Patients receiving other sympathomimetic [illegible] INTERACTIONS An increased
k of cardiac arrhytmias may occur if sympathomimetics (such as pseudoephedrine hydrochloride) are given to patients receiving cardiac glycosides Sympathomimetics may also increase blood pressure and therefore special care is advisable in patients receiving antihypertensive therapy Special Warning [illegible]
cautions Not to be taken by patients receiving either cardiac glycosides or antihypertensive agents, except on advice from a doctor Side effects May act as a cerebral stimulant in children and occasionally adults EFFECT ON ABILITY TO DRIVE AND USE MACHINES None [illegible] INCOMPATIBILITIES None [illegible]
USE DURING PREGNANCY AND LACTATION Should not be used during pregnancy unless directed by a physician OVERDOSAGE Nausea and vomiting CNS stimulation leading to excitement restlessness, rapid speech, hallucinations, hypertonicity and hyperreflexia, dilated pupils and tachycardia Trea[illegible]
stric lavage and general supportive measures should be used PHARMACEUTICAL PRECAUTIONS Store at a temperature not exceeding 25°C SHELF LIFE 4 years LEGAL CATEGORY P PACKAGE QUANTITIES & PRICES (RSP ex vat) £2.89 Amber glass bottles of 100 ml MARKETING AUTHORISATION [illegible]
0165/0098. MARKETING AUTHORISATION HOLDER Whitehall Laboratories Limited, Huntercombe Lane South, Taplow, Berkshire, SL6 0PH DATE OF PREPARATION November 1999 ROBITUSSIN DRY COUGH MEDICINE PRESENTATION Cherry flavour liquid for oral administration Each 5 ml [illegible]
xtromethorphan Hydrobromide Ph Eur 7.5 mg INDICATIONS For the relief of persistent dry irritant coughs DOSAGE Adults 10 ml three or four times daily Children 6 12 years 5 ml three or four times daily Children under 6 years Not recommended CONTRAINDICATIONS Hypersensitivity to any [illegible]
s INTERACTIONS Use with caution in patients currently receiving, or who have within the last two weeks received, monoamine oxidase inhibitors Special Warning Use with caution in patients with hepatic dysfunction SIDE EFFECTS Rarely causes dizziness and gastro-intestinal upset EFFECT ON [illegible]
DRIVE AND USE MACHINES None known INCOMPATIBILITIES None stated USE DURING PREGNANCY AND LACTATION Not recommended OVERDOSAGE Gastric lavage and general supportive measures should be used PHARMACEUTICAL PRECAUTIONS [illegible] SHELF LIFE [illegible]
GAL CATEGORY P PACKAGE QUANTITIES & PRICES (RSP ex vat) £2.89 Amber glass bottles of 100 ml MARKETING AUTHORISATION NO PL 0165/0100 MARKETING AUTHORISATION HOLDER Whitehall Laboratories Limited Taplow Berkshire [illegible] 0PH DATE OF PREPARATION [illegible]
SSIN NIGHT-TIME - PRESENTATION Cherry/Grenadine flavoured liquid for oral administration Each 5 ml contains Brompheniramine Maleate Ph Eur 2 mg, Pseudoephedrine Hydrochloride BP 30 mg, Codeine Phosphate Ph Eur 10 mg INDICATIONS [illegible]
sociated with colds and other similar conditions of the upper respiratory tract DOSAGE Adults 5 to 10 ml up to four times daily Children 6 - 12 years 7.5 ml three times daily 4 - 6 years 5 ml three times daily 2 - 4 years [illegible]
der 2 years Not to be used CONTRAINDICATIONS Hypersensitivity to any of the ingredients Coma or pre-coma state, known brain damage or epilepsy Patients with acute ischaemia, heart disease, thyrotoxicosis, glaucoma [illegible]
, or who have within the last two weeks received, monoamine oxidase inhibitors Patients receiving tricyclic antidepressants Patients receiving other sympathomimetic drugs INTERACTIONS May potentiate the effect of CNS depressants [illegible]
d An increased risk of cardiac arrhythmias may occur if sympathomimetics (such as pseudoephedrine hydrochloride) are given to patients receiving cardiac glycosides Sympathomimetics may increase blood pressure [illegible]
ARNINGS AND PRECAUTIONS Not to be taken by patients suffering from bronchial asthma or taking either cardiac glycosides or antihypertensive agents except on a doctor's advice Children receiving this medication should not [illegible]
common with many other antihistamines, brompheniramine has an atropine-like action and therefore should be used with caution in patients with bronchial asthma especially children Tolerance psychological and physical dependence [illegible]
casionally in adults If this occurs it is possible that insomnia, nervousness, hyperpyrexia, or tremor may occur and very rarely epileptiform convulsions Therefore children taking this product should not be left unsupervised [illegible]
s product should not drive or operate machinery unless it has been shown that their physical and mental capability remains unaffected INCOMPATIBILITIES None stated Use during pregnancy and lactation Not to be used [illegible]
IS stimulation leading to excitement, restlessness, rapid speech, hallucinations, hypertonicity and hyperreflexia, dilated pupils and tachycardia [illegible] hypotension, coma, occasionally convulsions. Respiratory depression [illegible] Gastric lavage [illegible]
ed PHARMACEUTICAL PRECAUTIONS None stated SHELF LIFE 2 years LEGAL CATEGORY P Package Quantities & Prices (RSP ex vat) £3.02 Amber glass bottles of 100 ml MARKETING AUTHORISATION NO [illegible] MARKETING AUTHORISATION HOLDER [illegible]
untercombe Lane South, Taplow, Berkshire, SL6 0PH DATE OF PREPARATION November 1999

†*Robitussin* is the fastest growing cough liquid brand in Pharmacy – Information Resources MAT October 2000 *Trade Mark

If you are fitting out your pharmacy, will any old shelves and dispensary benches do? Not according to the National Pharmaceutical Association, which has commissioned a study of ergonomics in pharmacy

A question of ergonomics

You would not think that a simple dispensary bench could create physical problems, but it can. If the bench is too high, it will force you to raise your arms to sort and collate the scripts, which will eventually tire your shoulders. And if it is too low, you will tend to stoop, which will increase the potential for back pain and chronic back problems. Ideally, the bench height should be tailored to suit the pharmacists using it. This does not happen often in retail environments.

Some form of adjustment is becoming increasingly common in office and industrial workstations, particularly the 'set up' adjustment. This usually involves adjustable legs or spacers under the work surface – pharmacists may want to consider this.

As fixed height benches are likely to be the norm for the foreseeable future, your bench height should be around 950-1,000mm. The depth of the bench must reflect the type of task being performed and the equipment used. Any bench deeper than 600mm is wasting space unnecessarily. Deep benches tend to make people stretch and stoop too much when reaching towards the rearmost areas. As a result, these areas are often used as inefficient storage areas. If the benches are to have shelves behind them, the depth should be reduced further – perhaps to around 400mm – to avoid excessive stretching.

As pharmacy staff will tend to lean against the counter edge, it should have rounded edges to avoid putting pressure on the forearm (which could lead to musculo-skeletal problems).

If you are commissioning someone to design or layout shelves and drawer units, you should consider two main points:

- manual handling and the postures required to perform operations
- visibility of the products to be displayed (ie whether they can be identified from a standing position, or whether your staff have to stretch or stoop to see them).

In either case, storing items too high or too low will cause problems, particularly musculo-skeletal disorders stemming from awkward postures. Inaccessible products could be harder to identify which at best will frustrate the pharmacist, but at worst could lead to an incorrect prescription.

Most dispensary items are small and light. Bottled liquids are the heaviest, although there are a few of more than 2kg to be handled within the dispensary. The weight itself would not be a major problem, but your staff could experience some discomfort from lifting the fluids incorrectly and having awkward postures.

Dispensary shelving

The reality of dispensary operations, particularly with the introduction of patient packs, means you may have to stack items from near floor height to above head height. This is not ideal. From a purely ergonomic perspective it would be much better to restrict movements to between shoulder and knuckle height. You must therefore consider a classification system for drugs to ensure your staff aren't always making awkward movements to pick up regularly ordered medicines.

The optimum storage range is between male knuckle height (to avoid the need to stoop) and female shoulder height (to avoid the need to stretch and work above shoulder height). This gives a range of 825-1,215mm – bear in mind this is only a guideline, which will help you to locate regularly used items, such as inhalers.

Pharmacies often stock bulk liquids on the bottom shelf to keep them 'out-of-the-way', but as these containers tend to be the heaviest dispensary items they would be better placed within the optimum zone between knuckle and shoulder height. Large containers should not be stored below mid-lower leg height, which is around 300mm, or above shoulder height of around 1,215mm.

A step should be provided as soon as your shelving exceeds 1,215mm.

Given the volume of patient packs it makes sense to have deeper shelves to accommodate them. But these shelves could obscure products kept at the back – one solution is to refill the shelves regularly, which means they would not have to be packed full all the time. Such shelves also need shelf dividers. Given the rapid changes in pharmaceutical packaging, these dividers should be easy to move.

Acoustic environment

No aspects of a pharmacy are likely to create noise at levels to damage hearing. But this does not mean you can ignore the acoustic environment. Noise in various forms can be both good and bad for retailing – ideally the pharmacy should sit somewhere between the oppressive quiet of a library or hospital and the bustling sounds of a fashionable hair salon.

Avoid utter silence because it makes people feel self-conscious and they are, consequently, far less likely to discuss medical matters.

A background 'hubbub' will allow customers to relax more, which will encourage them to discuss symptoms with the pharmacist, and could lead to impulse purchases.

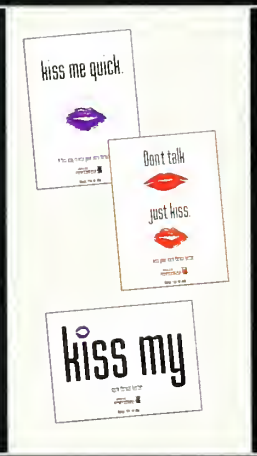
This background noise can be provided as 'white noise', but you might want to consider music instead. 'Muzak' has spawned a lot of jokes, but its widespread use is a testimony to its success. It is designed to surround the customer or worker without distracting them. Muzak is also copyright free and can be played without a PRS license.

Some retailers use alternatives to muzak, such as therapeutic music to relax people, or packages which combine music, commercials and information. If your pharmacy stocks tapes or CDs, you can play them to advertise their presence. When considering how loud this music ought to be, a rule of thumb should be that prescription customers sitting at a waiting area should not be able to overhear a conversation at the dispensing counter.

When people are waiting, you could also provide visual displays, perhaps through a TV screen or message panel. With the growing popularity of the internet some pharmacies, such as Superdrug and Lloydspharmacy, are also starting to use touch screen systems that provide access to vast healthcare information databases.

A fuller overview of the results of the ergonomics study is available through a series of pamphlets published by the NPA. For more information contact the Association at: 01727 832161.

The name on everyone's lips this winter.



Pucker up and stock up. It's time to make loads of smackers with Halls Soothers!

- EXTRA HEAVY DEMAND, due to the coughs and colds season and national consumer advertising.
- 4 POPULAR FLAVOURS – Blackcurrant, Cherry, Strawberry, Assorted.
- GREAT PROFIT OPPORTUNITIES from the 'must have' medicated confectionery brand.
- BRAND NEW 'LIPSMACKIN' NATIONAL PRESS ADVERTISING based on the hugely successful "Kiss your sore throat better" TV campaign.

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What next for Scotland?

The NHS Plan for Scotland incorporates all the suggestions pharmacists made for developing their role. Alison Strath, chairman, the Royal Pharmaceutical Society in Scotland, tells Adrienne de Mont where they go from here

Alison Strath is delighted that all Scottish pharmacy's ideas have been incorporated into the NHS Plan for Scotland. The secret of their success, she believes, lies in their united approach and in having an "all-inclusive" Health Minister prepared to listen to what everyone has to say.

Instead of submitting separate, lengthy documents, each with different ideas, the four main pharmacy organisations joined forces to submit a concise eight-point plan outlining how pharmacists' skills could best be used.

"Pharmacy is a small profession in the overall structure of the NHS, so we have to talk with one voice," she says. "We had some interesting debate about the proposals we should put forward and I expect we'll have more debate about how we put the proposals into practice. But if we present a united front it makes it easier for the Scottish Executive to understand what we can contribute, and puts us in a stronger position."

The Health Minister, Susan Deacon, was enthusiastic about pharmacy's proposals to improve patient journeys through the NHS. They included repeat dispensing, medication review, therapeutic monitoring, treating minor ailments on the NHS and promoting pharmacies as walk-in centres. She wrote to the RPSiS saying how she and her colleagues looked forward to working with the profession to deliver these goals.

Ms Strath believes that the Minister is genuinely committed to making the plan work.

"There is no point in her going through this huge consultation process and then not taking action," she says. "The Minister is saying, 'here are the priorities, this is what we need to do about them'. She was keen to explain that the plan would set the direction of travel, not the end destination. So although the document is large, it is not set in stone and there will be opportunities for the professions to work together to develop their own ideas."

The young, the elderly and the national priorities for cancer, heart disease and mental health are singled out for special mention. In their proposals pharmacists described the structures needed to guarantee quality care, particularly for those with long-term illness, and gave case studies showing how pharmacists could help those experiencing medication problems. There will also be changes to pharmacists to have an input into health promotion and overcoming health inequalities in a country where there is a seven year difference in life expectancy between affluent and deprived areas.

"The plan's emphasis is very much on putting the patient at the heart of the NHS, and looking at it as a health service, not an illness service," says Ms Strath. "The new unified health boards, housing and social care agencies will all work together to tackle inequalities."

No walk-in centres are planned for Scotland. Instead, the pharmacy organisations hope to promote pharmacies as easily accessible, healthy living centres, to be used as a base for joint working with nurses, dieticians, social workers and housing benefit officers.

The first priority for pharmacy will be to progress repeat dispensing as a platform from which to develop other services such as medication review and therapeutic monitoring. Pilots in Tayside and Grampian have already shown the benefits of repeat dispensing in improving compliance, cutting wastage and decreasing surgery time, so the next step will be to get over the message that investment in nationwide schemes would be money well spent.

Prescribing for minor ailments on the NHS is another service that could be rolled out fairly quickly, if the pilot in Arbroath and Patna is successful.

"An advantage for us is that we're not starting with a blank piece of paper," she says. "The plan mentions little regarding resource allocation, but that is probably no bad thing. It would be easy to lay down allocations and time scales and then find the right people had not been brought into the debate."

Instead, she thinks the Scottish Executive will be flexible in encouraging the professions and others to develop programmes based on patient needs. Pharmacists will be at an advantage because they work in a variety of settings and have wide knowledge of local communities.

"The health professions will need to get together quickly and decide our priorities. In the spring we will meet to decide what changes should be made, who does what and the resources we need to deliver new services. By forming partnerships with others we can present a stronger case."

The Society and Scottish Pharmaceutical General Council are among the 50 or so organisations on Scotland's NHS Modernisation Forum, which is an important vehicle for debate about the next steps.

"It will be an opportunity to road test some of pharmacy's ideas and get others on board."

"One of the key messages is that we are proposing pharmaceutical care, not just looking at medicines management which is more technical. We want to build on pharmaceutical care as a holistic approach, like nursing care."

In developing these new plans Ms Strath wants to support those pharmacists who will be putting the ideas into practice.

"There are many individuals out there who are just as important as the pharmacy politicians, and we need to make them feel valued for the work they do."

Exciting year ahead

This year promises to be an exciting one for the Royal Pharmaceutical Society in Scotland, which is celebrating its sesquicentenary.

The celebrations start in January with a dinner to which Princess Anne has been invited as patron of the Carers' Trust. The link will recognise the valuable role pharmacists play in supporting carers.

A banquet on September 22 at Stirling Castle will commemorate the anniversary of the Scottish Society's inauguration from its origins in the main Society's Northern Branch.

The year 2001 is likely to be an important one for Ms Strath, too. She is hoping to marry her pharmacist fiancé after a ten year engagement. They bought two pharmacies together when she left her job as the National Pharmaceutical Association's local community pharmacy development co-ordinator – a post she held for five years.

After hardly standing still since she was elected the Scottish Society's chairman last June, she hopes they will find time to tie the knot in February!

Conferences & exhibitions 2001

e-Marketplace World February 6-7 at the New Connaught Rooms, London. Details from Revolution Events on 01732 367007 or *www.emarketplaceworld.co.uk*

The Pharmacy Show exhibition and conference on March 4-5 at the NEC, Birmingham. Further information on 0800 0927 100.

Local Pharmaceutical Committee Conference followed by the Pharmaceutical Services Negotiating Committee annual dinner on March 12 at the Queen Elizabeth II Centre, London. Details from PSNC on 01296 432823.

HC 2001 healthcare computing conference and exhibition, March 19-21 in Harrogate. Details on 01932 821723.

The Vantage Convention will be held on May 13-17 in Las Vegas. Further information from Sandy Lindsay on 0161 437 4474.

Association of the British Pharmaceutical Industry annual general meeting, April 5 at Grosvenor House, Park Lane, London. Further information from Ruth Fabian on 020 7930 3477, ext 1431.

British Society for the History of Pharmacy annual conference, April 6-8, Jarvis International Hotel, Norwich. Further details from Peter Homan on 01372 723001.

Guild of Healthcare Pharmacists' weekend school, April 6-8 in Harrogate. For further information contact Helen Silcock on 0113 392 2610.

e-World Healthcare & Pharmaceuticals, April 24 in Birmingham. For further information contact Revolution Events on 01732 367007 or *www.eworld-uk.com*

National Association of Women Pharmacists annual general meeting and weekend conference 'Children's Health and Safety' on April 27-29 in Nottingham. Details from Mrs Ecclestone on 01453 759516.

Institute of Pharmacy Management International joint spring conference with Numark, May 26 - June 2 in New England. Further information from Nicholas Wood on 01277 823889.

British Pharmaceutical Students' Association annual conference, April 7-14 at Portsmouth. Details from Emma Hughes on 07887 586318 or Gillian Campbell 07974 412527.

For the first time, the NPA's conference will be joining forces with Chemex this year

Royal Pharmaceutical Society annual general meeting, May 16 and branch representatives' meeting, May 17, at the Royal Pharmaceutical Society, Lambeth. Further details from Chris Ryan on 020 7735 9141, ext 437.

Cosmetics, Toiletry & Perfumery Association annual meeting and dinner, June 7 at the Hotel Intercontinental, London. Details on 020 7491 8891.

European Society of Clinical Pharmacy spring conference, May 2-5 in Malta. Details on +31 71 5722430.

Pharmaceutical Society of Northern Ireland presidential dinner, April 28 at the Hilton Hotel, Templepatrick, Co Antrim. Details from Sheila Maltby on 02890 326927.

United Kingdom Clinical Pharmacy Association Spring Symposium, May 18-20, including the annual general meeting on the 19th, at the Hilton National Hotel in Leeds. Further information from Mrs Kennedy on 0116 2776999.

European Proprietary Medicines Manufacturers' Association (AESGP) annual meeting, June 6-9 in Rome. Further information on +32 0 2735 5130.

British Association of Pharmaceutical Wholesalers' annual meeting, June 13-15 at the Belfry Hotel, Oxford. Further information on 01252 711412.

Nucare Convention, June 15-17, venue to be confirmed. Further information from Chandra Shah on 020 8731 2468.

RPSGB Scottish Executive annual meeting, June 20 at 36 York Place, Edinburgh. Details from Dr Sheila Stevens on 0131 556 4386.

Proprietary Association of Great Britain annual general meeting and dinner, June 21, at the Hilton Hotel, Park Lane, London. Details from Fraser Woodward on 020 7242 8331.

Institute of Pharmacy Management International annual general meeting, July 8, at the Post House Hotel, Aylesbury. For further information contact Nicholas Wood on 01277 823889.

RPSGB Welsh Executive annual meeting and lecture, July 17 at Techniquest in Cardiff Bay. Further details from Erica Barrie on 02920 412800.

UK Drug Information Pharmacists' Group conference, September 6-8 at the University of Westminster. Further information from Jane Sharp on 020 8869 3973.

International Pharmaceutical Federation (FIP) International Congress, September 1-6 in Singapore. Details on + 31 7030 21970.

Chemex exhibition and the National Pharmaceutical Association's autumn conference on September 9-10 at Excel, London Docklands. Further information from David Morgan on 01732 377256.

British Pharmaceutical Conference, September 23-26, at the Scottish Exhibition and Conference Centre in Glasgow. Details on 020 7735 9141.

The UniChem convention will be held in New Orleans from September 22-29. Further information on 020 7534 9650.

College of Pharmacy Practice Study Day, October 3, in Birmingham. Details on 024 7669 2400.

Institute of Healthcare Management annual conference, October 9-10 in Belfast. Further information from Tracey Greenaway on 024 7669 2400.

United Kingdom Clinical Pharmacy Association autumn symposium, November 23-25 at the Hilton Hotel, Blackpool. Further information from Mrs Kennedy on 0116 2776999.

Concluding his mini-series on PEST analyses, Kirit Patel looks at the social and technological factors impacting on pharmacy

And now for the rest of PEST

Of the four factors looked at during a PEST analysis (Political, Economic, Social and Technological), the social aspect is the [illegible] to quantify. Social [illegible] the behaviour of both [illegible] employees, which in [illegible] business.

Human resources

More [illegible]t, the [illegible] under-valued [illegible], business [illegible]'s staff. They do [illegible]ar on any company balance [illegible], yet may [illegible] all the good [illegible] is listed on the accounts.

There appears to be some truth in the Theory of Motivation developed by Abraham Maslow, the father of the concept of Eupsychian Management: he was of the opinion that money does not motivate, while other factors such as job empowerment do.

Investing in people can pay dividends. Proper training, empowerment of the workforce and clear communication can greatly increase the productivity and profitability of any pharmacy, no matter how large or small.

The NHS plan makes specific reference to continual professional development of all pharmacy support staff, and it is seems to me only to be a matter of time before the Royal Pharmaceutical Society of Great Britain makes it mandatory.

Proper staff appraisals can help identify specific skill and knowledge requirements. With a constantly changing environment it is important to conduct such appraisals at least twice a year.

Retaining staff

In the era of workforce shortages in the pharmacy world, it is important to retain staff. The cost of recruitment and training is often underestimated.

Social change has brought about a more transient workforce, willing to move for better job prospects. Workforce motivation and empowerment can help retain employees.

Demographic profile

The demographic profile of different places varies and therefore a broad-brush approach must be avoided. It is important to understand your

Kirit Patel, MRPharmS, MBA, is chief executive of the Day Lewis Group, and a member of the RPSGB council. He is immediate past chairman of the NPA

customers, and only by catering for their needs and shopping habits can you truly exploit the full potential.

The demographic profile looks at the age range, the value of local houses, the average disposable income etc. The relevant data is easily available from the local library. Using this, you can determine the inventory and the category management that best suits the area.

Shoppers' behaviour

Whether they are in a supermarket or a community pharmacy, the behaviour of shoppers can vary from day to day, depending on their needs. An understanding of consumer behaviour, coupled with category management, can enhance sales.

Merchandising inventory in blocks with signpost brands to lead the consumer to particular categories can help self-selection, while better use of point of sale material can also assist sales.

Computer literacy

Many consumers now use e-technology and this has combined with the need for health information to create internet-based e-commerce opportunities.

The NHS Plan will extend the pharmacist's role in the patient healthcare. The internet has the potential to simplify this for the pharmacist by enabling information on ailments such as blood pressure, asthma, anti-coagulation, for example, to be transmitted to the consumer at the touch of a button.

Higher consumer expectations seem to have created a more litigious culture. Consumers are aided by changes in legislation, and TV promotion by companies such as Claims Direct, and this has led to more legal claims against pharmacists. The consumer no longer tolerates errors and shoddy service.

Self-improvement

Consumers today are far more health-conscious and there appears to be a trend towards self-improvement. The health and beauty sectors can be greatly enhanced by catering for these needs.

There is a need to revisit vitamins and health foods in order to cater for the health conscious customer, while proper counselling on medication compliance and other health needs can help build customer loyalty.

The final factor

The last area to be looked at as part of any PEST analysis is the technology factor, which has recently advanced at a tremendous rate. In e-commerce terms, a week is deemed to be a month in real life.

The introduction of intranets and the internet has revolutionised communication and created both many opportunities and some threats.

E-commerce

The World Wide Web has removed frontiers and has globalised commerce. The use of computers as a powerful marketing tool has created overnight millionaires, but has also destroyed businesses such as Encyclopaedia Britannica overnight.

Business-to-consumer

Predictions are that the business-to-consumer market will grow at a phenomenal rate. Superdrug and Wal-Mart have followed online pharmacies such as Pharmacy2U and Allcures.com.

With Lord Hunt giving the go-ahead at the British Pharmaceutical Conference for mail order of P-medicines, other larger firms will no doubt follow.

UniChem has announced pharmology.com as an alternative for its members. The National Pharmaceutical Association (NPA) is also looking at a similar model for its membership.

Mail order took 14 per cent of the market share in the US within a short time. The popular approach is 'clicks and mortar' rather than a warehouse model.

This combines the personal interaction of the pharmacist with a virtual window into the shop, creating a powerful partnership. Only a few warehouse models will survive in the UK pharmacy sector in the long term.

The introduction of interactive TV will change shopping habits forever. Boots has already gone one step further with the introduction of its own health channel.

B2B

The business-to-business sector has created price transparency. There are numerous virtual stock exchanges for medicines, and health portals set up to give independents better access to keener prices.

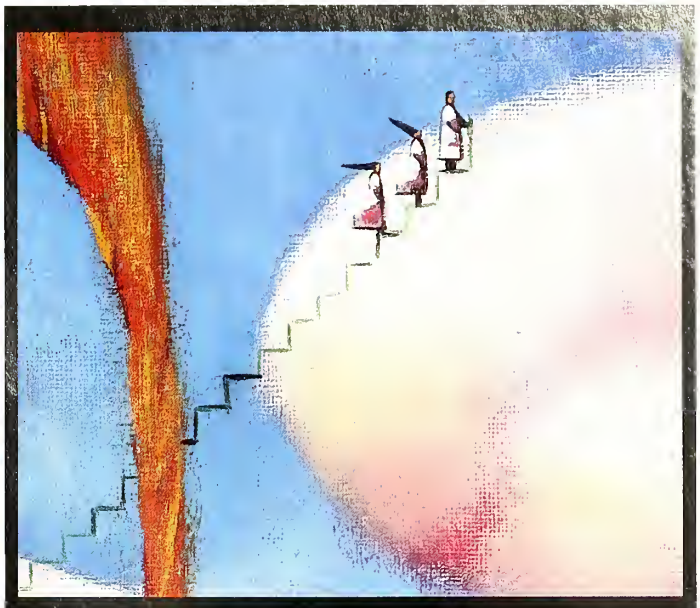
Education portals can also be used to deliver online continual professional development and I would expect that accreditation of such sites would follow sooner rather than later.

E-prescription

The pilot for electronic delivery of prescriptions will begin by end of March. Three pilots will be chosen out of 70 interested parties, and one finalist will be chosen within a year thereafter.

The introduction of the internet has meant great advances on the PRS model, while the connection to the NHSnet will enable pharmacists to talk electronically to all other health professionals. There will be a direct link to the PPA, making dispensing and pricing more transparent.

In the US, central fulfilment centres can fill 40,000 prescriptions a night using fully automated machinery. This has helped these warehouse models to capture 14 per cent of the market for chronic repeat prescriptions.



"The introduction of intranets and the internet has revolutionised communication and created many opportunities"

PMR systems

Technological advances in the dispensary will bring in internet-based PMR systems, such as Enigma, to allow electronic interaction with the pharmacy, including enabling the patient to order a repeat over the net.

These value-added PMR systems will be much used with the introduction of interactive digital TV. Interactive technology will bring easy-to-use internet access to every home within a few years. It will also boost business-to-consumer demand over the net.

In a few years time, a home may not have a computer but it will have an interactive TV.

Intranet

The introduction of IMS's Intrapharm and the NPAnet, along with the PSNCnet, has created a large network of pharmacies, enabling selective information to flow to the relevant members without the general public being able to access it. Within a year all pharmacy chains and buying groups will have their own intranets. The communication process will improve tremendously.

Voice recognition

The use of internet-based technology will be enhanced even further if the software used is able to recognise speech.

In the Houston area of the US, Walgreen conducted a pilot where over 70 per cent of repeat prescription requests to their dozen pharmacies were received over the net, mostly through voice activation of a telephone request. This simplification of technology will further enhance e-commerce trade.

Swipe terminals

The introduction of credit/debit card terminals not only helped improve sales, but greatly reduced bank charges by reducing cash handling. Banks often charge more than £1.25 for every £100 banked. Electronic banking, on the other hand, can often cost less than 10p per similar transaction. Bankline helps improve cashflow and reduce postage and bank charges by enabling electronic payment. Installation of such terminals has been shown to increase sales.

And finally...

When you have conducted various analyses under the Political, Economical, Sociological and Technological headings, it is important to draw these factors together and relate them to your business.

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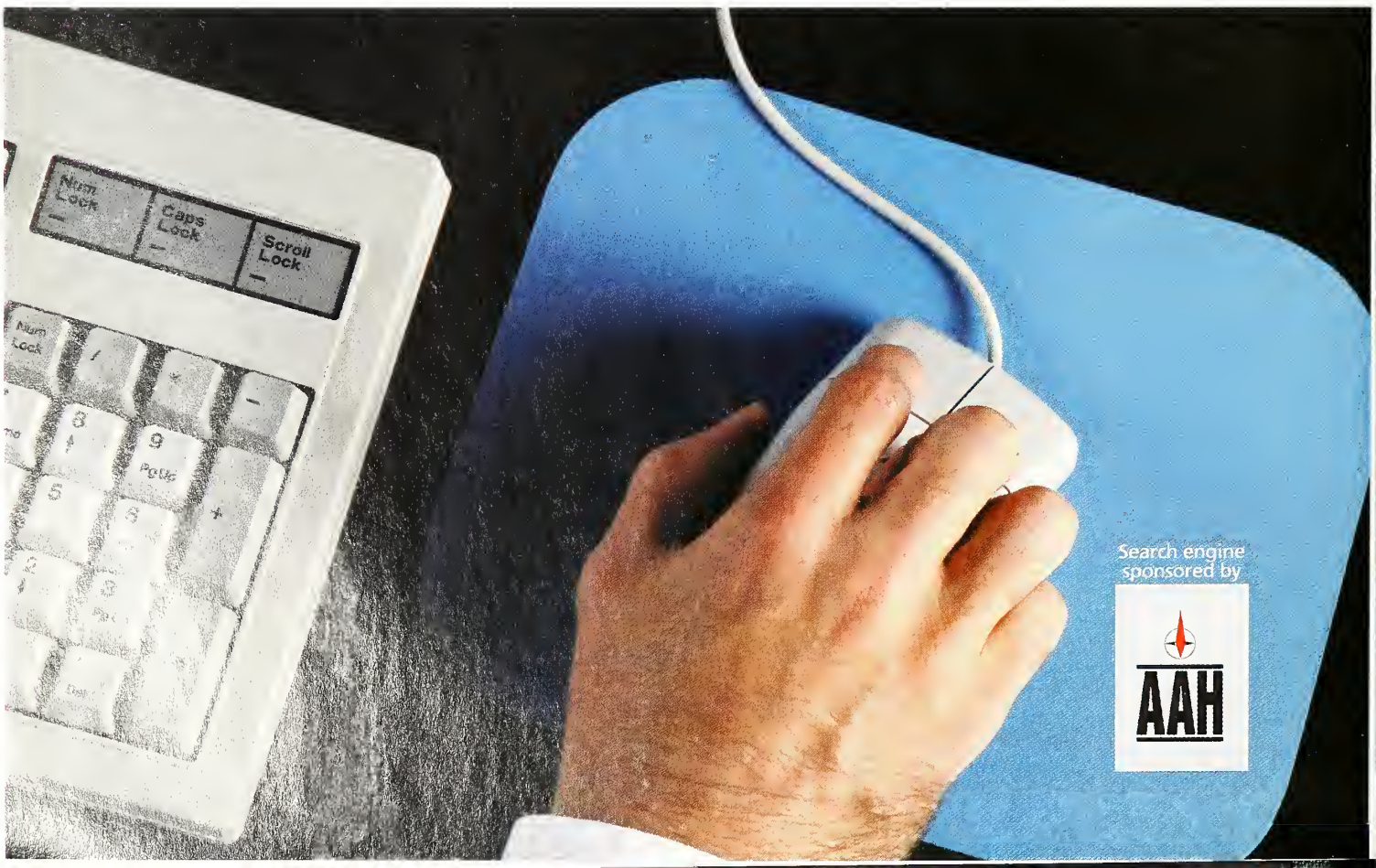

GlaxoSmithkline is given a cautious 'thumbs up' by City

GlaxoSmithkline (GSK) finally started trading as one company on December 27, after almost a year of eager anticipation. The merger between the two UK pharmaceutical giants made the new company the world's biggest pharmaceuticals group by market share as well as the UK's third largest company.

"GlaxoSmithkline is well placed to respond to healthcare challenges of the 21st century" was the initial verdict from GSK's chief executive officer, Jean-Pierre Garnier.

Mr Garnier added that the new company was a market leader in four of the five largest therapeutic categories, had a leading position in the vaccines market as well as having a strong presence in consumer health and OTC.

The City appeared to give the new company a cautious thumbs up, despite the fact that GSK shares rose only slightly above the Glaxo Wellcome share price before the merger. GSK shares reached £18.88 on January 2, 40p up on Glaxo's share price when it closed on the last trading day before Christmas.

Credit Suisse First Boston is reported to have set a £21 price target for the shares, while city analysts BNP seem confident that the share price could reach £23 in the next six months.

Having said as much, the analysts pointed out that it was early days yet, especially since the merger had fallen into a particularly quiet trading time. It also had been anticipated for a long time and, despite several delays, nobody had seriously doubted that it would happen eventually.

John Reeve, pharmaceuticals analyst with BNP told *C&D* that the merger had clearly created an industry leader in terms of absolute strength and sales presence in some key categories".

However, he added that the company's first R&D meeting in February was crucial in terms of reassuring investors about its product pipeline.

Mr Reeves said that both companies had a rather disappointing year as far as new product launches and late stage product development was concerned.

"The combined research capability ought to be very strong but there are question marks over the pipeline. It looks to be an R&D pipeline that is very light in late stage product development," the BNP analyst said.

The combined R&D budget for GSK is estimated to be around £2.3 billion per year.

Mr Reeves added that the early product pipeline, details of which should become clearer at the R&D meeting, was particularly important. In his view merger savings, estimated to be in the range of £1 billion, could see the company through the next couple of years.

Building work at GSK's corporate headquarters in Brentford, Middlesex, is well under way and the company expects to start moving into the new premises towards the end of the year. GSK's US operations will be divided between Franklin Plaza, Philadelphia and Research Triangle Park, North Carolina.

The new corporate identity and a new GSK website are expected to be launched on January 8.

Still under construction – GSK's new corporate headquarters in Brentford, Middlesex

COMING EVENTS

JANUARY 8

East Kent Branch, RPSGB, at The Pilgrims Rest, Ashford, 7.45pm. 'Promoting the Profession' by Mr Roger Odd, Head of Professional & Scientific Support, RPSGB.

JANUARY 9

Northern Scottish Branch, RPSGB, at the Newton Hotel, Nairn, 7.30pm. 'What goes around, comes around' by Mrs Elizabeth Macrae, Pharmacy Audit Co-ordinator, Highland Health Board. Joint meeting with SCPPE.

Oxfordshire Branch, RPSGB, at the George Pickering Postgraduate Centre, John Radcliffe Hospital, Oxford, 7.30 for 8pm. 'Antibiotic resistance' by Dr Ian Bowler, consultant in microbiology.

JANUARY 11

Glasgow & West of Scotland Branch, RPSGB, at SIBS101, University of Strathclyde, 7.30 for 8pm. 'Social Inclusion: Pharmacy as Gatekeeper in Deprived Areas' by Mrs C Glover, president RPSGB and Mrs M Curran, MSP.

Lanarkshire Branch, RPSGB, at Strathclyde Hilton Hotel. 'Pharmacy development in primary care' by G Lindsay, chief pharmacist, Lanarkshire Primary Care NHS Trust.

Tatfords finds new 'Driving' force

Tatfords, the Portsmouth based wholesaler, has been using a new 'driving force' for pre-Christmas promotions.

Rather than publicising supplier-funded promotions with flyers, the company has been using its drivers to exclusively sell promotions by manufacturer Sara Lee to its customers.

The result exceeded the expectations of both Sara Lee and Tatfords as sales of products being promoted this way more than doubled year on year.

Mr Rees is now planning to use more driver-led promotions this year, possibly for the pre-Easter promotions.

Other manufacturers have been making enquiries about running a similar promotion in conjunction with Tatfords.

Oxford Biomedica on course for full market listing

Oxford Biomedica, the AIM-listed biotechnology company, has been given approval to carry out phase I/II clinical trials on its colorectal cancer vaccine, TroVax. Having at least two products in clinical trials allows the company to seek a listing on the main London Stock exchange.

● The company has appointed Peter Johnson as chairman. He succeeds Alan Goodman.

Lloydspharmacy extends free diabetes testing

Lloyds pharmacy is beginning the New Year by extending its offer of free diabetes meter testing. The service will be available permanently in selected stores from January. The decision was taken following several diabetes meter testing days during the autumn. Staff will be given additional training so that they are confident in offering comprehensive information on the various glucose meters available.

HF Generics plans further outlets for retail chain

Independent wholesaler HF Generics can see its own retail chain growing to up to 20 outlets in the next financial year. The shortline wholesaler, which supplies the top 2,000 fastest moving drugs, recently acquired two Gateshead pharmacies.

HF Generics now has five retail outlets, all acquired within the past four months and which, according to the company, still operate independently.

As HF Generics managing director Alex Holliday explains, the move into retail was not a conscious decision.

"These customers disappearing from the independent sector would have been a big blow - there is only a finite number of independents left," he said.

Mr Holliday adds that, following the first few acquisitions, he receives two or three enquiries a week from pharmacists who might consider selling their shops but who want to stay on as manager.

After a period of consolidation, HF Generics will be looking at expanding the number of pharmacies and self-distributing to its own shops.

With Christmas over for another year, what do we do with all those Christmas cards? Boots the Chemist suggests recycling and "doing your bit" for the UK's woodlands. All 1,400 Boots stores will collect cards until the end of February. The Womble Orinoco (above) was among the first to support the scheme, which will see recycling credits awarded by local Councils being transferred to the Woodland Trust. A similar initiative last year collected more than 400 tonnes of Christmas cards and helped create 10 new UK woodlands.

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VETERINARY SERVICES

WEB DESIGN

New Year's honour for John Allen

Pharmacist John Allen has been awarded an MBE for his work as team leader of the Cairngorm Mountain Rescue Team. And Queen's University Belfast lecturer Muriel Singleton has been awarded an OBE

Mrs Singleton receives her award for services to pharmacy education and training, as lecturer for the pharmacy practice unit. She joined the School of Pharmacy in 1971 and will be well known to pharmacists in Northern Ireland having taught most, if not all, of the undergraduates since then, as well as being a postgraduate tutor.

Cairngorm Mountain Rescue Team leader and pharmacist John Allen has been awarded an MBE

On Tuesday, Mrs Singleton said she was "absolutely delighted" to receive the award. She is a fellow of the Pharmaceutical Society of Northern Ireland and was co-opted onto its Council last November. Of this she said: "It's nice to be able to put something back into the profession."

Mr Allen, who has a pharmacy business in Kingussie, Highlands, joined the team in 1972 (*C&D* March 28, 1998 p42). As leader of the team, he was responsible for co-ordinating rescues over about 250 square miles in the Highland region centred around Aviemore, as well as the Old Man of Hoy in Orkney.

Heather Stevenson receives an MBE for services to the pharmaceutical industry. She joined Galen Phaemaceuticals in 1977 as a secretary and was one of the first people taken on by Alan McClay.

Professor Christopher Evans OBE, founder of the biotechnology companies Chiroscience Group and Celsis International, is knighted for services to the bioscience industry.

John Bridgeman, former director general at the Office of Fair Trading, is made a CBE. Mr Bridgeman had instigated the review of resale price maintenance in 1996 which was brought to the Restrictive Practices Court last October.

Speaking out for the new millennium

As the mathematicians know, we entered the new Millennium just this week. What could be more appropriate, then, than to celebrate the 2,000th anniversary of the Nazarene carpenter with a marathon reading of the New Testament, thought retired businessman Gerry Hanson. So he has planned a 22-hour reading at St Margaret's Church in Iver Heath, Buckinghamshire.

Being a businessman he has also sought commercial sponsorship and local company Kestrel Products have supplied him with their Vocalzones lozenges.

Now it all comes together - The day of the reading, January 6, is Epiphany, the arrival of the Wise Men at the Bethlehem stable. What did they bring with them? Myrrh, of course, along with frankincense and gold. And yes, one of the ingredients of Vocalzones is myrrh.

Isn't it nice that a humble throat lozenge has bolstered the belief that the NT reading is on the right tracks? Gerry says of the Vocalzones support that it is a "heaven sent" public relations opportunity. Groan. Would that caffeine had been among the Magi's gifts too.

Gerry hopes to raise money from the sponsored reading to support the local hospice and Parish Centre. His endeavours also have the blessing of a certain Archbishop of Canterbury.

Anyone who would like to sponsor Gerry can contact him on 01753 653762.

Back issues

Hello, Hello, Hello

'The Bill' was not even a twinkle in a screenwriter's eye in 1975. 'Z cars' and 'The Sweeney' represented cutting-edge police work in those days. *C&D*, however, was doing its bit in December of that year.

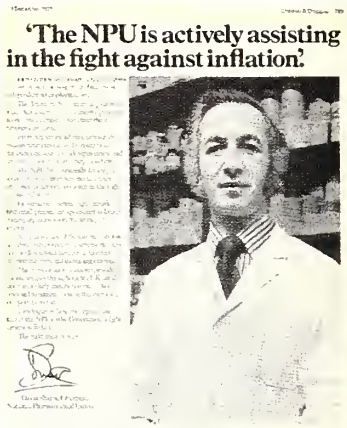
A group of baddies had stolen £10,000 worth of jewellery from a home in Petersfield the previous month. And they would have got away with it, but for crucial evidence they had left at the scene.

Luckily, DNA forensic techniques were not necessary because the robbers left something more tangible - Elastoplast tape of various sizes used for tying up their victims, and a UniChem bag. Anybody who thought they might have sold these items was asked to contact Petersfield police (on a four-digit telephone number).

The same month in 1900 saw a nice piece of self-promotion for the January 1901 issue that is as true today as it was then. *C&D* proclaimed: "It will be a splendid number for advertising in, and we strongly recommend business firms to prepare a good advertisement for it. It will go to 12,000 of the best buyers of druggists' goods in the British Empire."

C&D's editor of the day congratulated the National Pharmaceutical Union for its prompt denial of "a travesty of the facts" in the daily press. This gross untruth claimed pharmacists were being overpaid by the NHS. Shock headlines said contractors were earning over £2,000 a year. However, this was a gross figure that included materials and containers and before costs like salaries.

C&D called for positive action from pharmacists to repair this damage to their reputation. We even suggested a national press advertising campaign. Sounds like a good idea even today.



'The NPU is actively assisting in the fight against inflation.'

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The Lincoln Co-op Healthcare Fund was set up in 1994, and it's 'divi' for 2000 amounted to £23,000. The scheme, which aims to support community based healthcare projects, is advertised through posters which are sent to all pharmacies in the county – "not just the Co-op, as we believe it is a promotion of pharmacy serving the community," says superintendent pharmacist Peter McCree.

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The NPA Autumn Conference will provide you with a forum to air your views on the government's pharmacy plan, and hear how the NPA sees your future. With community pharmacy facing its greatest upheaval since 1948, your voice needs to be heard. Can you afford not to be there?

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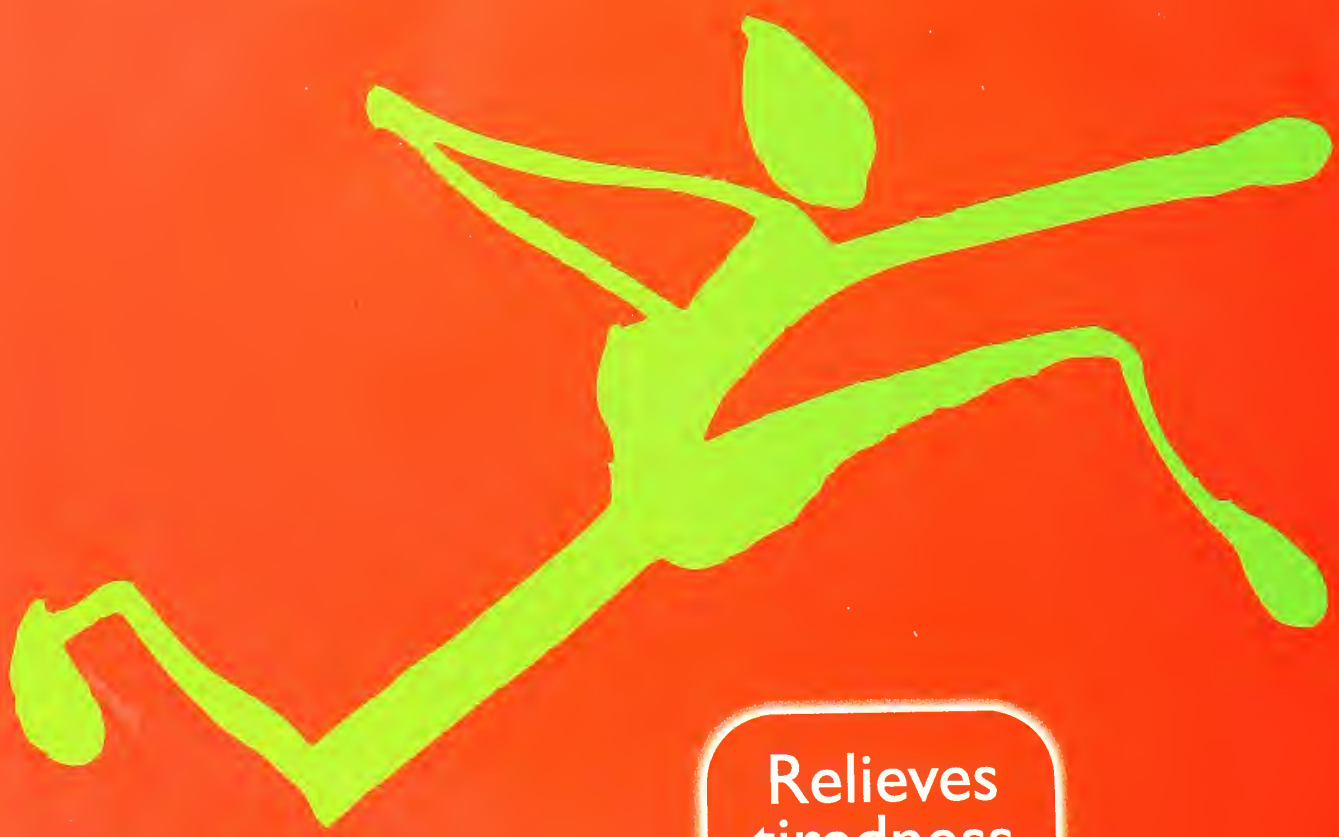

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